

Registration Form

Return to: **EASTERN SHORE MEDICAL SYMPOSIUM**

University of Delaware, Division of Professional and Continuing Studies

501 South College Avenue, Newark, DE 19716-7410

Attn: Registrar

Phone: 302-831-7600, Fax 302-831-0701

June 15–19, 2020

Rehoboth Beach Convention Center

Rehoboth Beach, DE

Name _____ Credentials _____

Email address _____

Address Home Business _____

City _____ State _____ Zip _____

Telephone _____

If Jefferson graduate, year graduated _____ Is this your first year attending this symposium? Yes No

How did you hear about this symposium?

- Postcard Delaware Medical Society Journal Email Word of mouth
 Brochure Physicians' Travel & Meeting Guide Web search

I would like to register for the following workshops:

- Tuesday, June 16, 7–7:50 a.m.:** Contraception Update Sports Medicine Dermatology Update
Wednesday, June 17, 7–7:50 a.m.: Scribes in Primary Care Practices HIV and Hepatitis C ECG Reading

Symposium Registration Fee—Full payment is due with registration.

- By registering for this event I acknowledge and accept the following:

Refunds—A refund will be given (less a processing charge of \$75) for written cancellation received on or before June 8, 2020. No refunds will be given after this date. The University of Delaware is not responsible for any penalties or fees assessed as a result of cancellation or modification of travel arrangements or hotel accommodations.

Privacy—The University of Delaware will not sell, rent, or lease mailing lists or personal information to third-party organizations. For selected conferences, participants' names and email addresses may be shared with conference exhibitors or sponsors. For complete policy, visit pcs.udel.edu/privacy-policy.

The registration fee includes course materials on a flash drive and posted online, certificates of attendance, and daily continental breakfast.

- \$795 Physicians and faculty \$695 Nurses (professional, practitioner, case manager) and physician assistants
 \$755 Retired physicians \$520 Resident rate (letter from program director must be included)
 \$695 Previous participant bringing a first-time participant (first-time participant's name _____)

Enclosed is my check for \$_____ made payable to the University of Delaware.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

Please charge \$_____ to my Visa MasterCard Discover American Express

Cardholder name _____

Billing address (if different from above) _____

Card No. _____ Exp. Date _____ Security code (on back of card) _____

Authorized Signature _____

Registration is limited and honored in the order of the date received.