

# Women's & Pediatric Dermatology Seminar®

June 21-21, 2019

Fashion Island Hotel, Newport Beach, CA

**NOTE: Group registrations MUST be submitted together for group prices.**

*Prices below for reference only, please indicate in payment section when completing registration on next page*

<b>SINGLE REGISTRANTS</b>			
	<b>Until March 31</b>	<b>April 1 - May 13</b>	<b>After May 13</b>
Physicians	\$495	\$595	\$695
PAs/ NPs / RNs / Pharmacists	\$475	\$575	\$650
Residents	\$425	\$425	\$425
<b>2 OR MORE REGISTRANTS</b>			
	<b>Until March 31</b>	<b>April 1 - May 13</b>	<b>After May 13</b>
Physicians	\$475	\$525	\$595
PAs/ NPs / RNs / Pharmacists	\$455	\$495	\$550
Residents	\$395	\$395	\$395

*Cancellation policy: Full refund less a \$50 administrative fee as follows: Cancellations can be made using our online registration system until May 7, 2019. After May 7, 2019 no refunds will be granted. After the refund date, you have two options: you can send someone in your place, or we can mark a credit in the amount you paid minus \$50 administration fee (plus additional \$50 administration fee per workshop) to be applied to your registration for next year's conference. Refunds will not be issued to no-show.*

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RETURN THIS FORM TO:

Global Academy for Medical Education  
7 Century Drive, Suite 301, Parsippany, NJ 07054  
(F) 201-822-6114; (E) events@globalcmelive.com

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*"Print additional pages as needed"*

## REGISTRANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

NPI / ME or License Number: \_\_\_\_\_

Degree:  MD  DO  PA  NP  RN  Pharmacist  Resident

Practice Name/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (for confirmation): \_\_\_\_\_

Specialty: \_\_\_\_\_

Years in Practice:  1-5  6-10  11-15  16-20  20+

Type of Practice:  Office  Hospital  Clinic  Other \_\_\_\_\_

How did you learn about WPD:  Brochure by mail  Email invitation  Ad in journal  Online banner ad  
 Colleague  Social Media  Other \_\_\_\_\_

## REGISTRATION OPTION *(Please check option below & note price from attached page)*

- Physicians
- PAs/ NPs / RNs / Pharmacists
- Residents

TOTAL REGISTRANTS \_\_\_\_\_ YOUR PRICE \$ \_\_\_\_\_

## PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

- Individual registration, please charge card below
- Part of group, please charge card below  Part of group, please charge entire group to same card

*Additional Info / Instructions:* \_\_\_\_\_

- AMEX  MasterCard  Visa  Check enclosed. Payable to:  
Global Academy for Medical Education/WPD

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

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