

15th Annual Coastal Dermatology Symposium®

October 3-5, 2019
The Motif Hotel, Seattle, WA

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

SINGLE REGISTRANTS					
	Until June 17	June 18 - July 22	July 23 - August 30	August 31 - October 6	Onsite
Physicians	\$495	\$595	\$695	\$795	\$895
PAs/ NPs / RNs / Pharmacists	\$445	\$545	\$595	\$695	\$795
Residents	\$225	\$250	\$300	\$300	\$300
2 OR MORE REGISTRANTS					
	Until June 17	June 18 - July 22	July 23 - August 30	August 31 - October 6	Onsite
Physicians	\$475	\$545	\$625	\$695	\$745
PAs/ NPs / RNs / Pharmacists	\$425	\$495	\$525	\$595	\$645
Residents	\$195	\$195	\$195	\$195	\$195

Cancellation policy: Full refund less a \$50 administrative fee as follows: Cancellations can be made using our online registration system until August 20, 2019. After August 20, 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.

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/Coastal

Credit card number _____ Exp. Date _____

Name on card _____ Signature _____

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