

On Location Registration 2021

Hospital Name:				City:	State:			
Address:					Zip Code:			
Contact Person:				Email:				
Title:	Phone:							
PAYMENT (\$1,595 Individual; \$4,950	for a team of four, \$1	,195 for each additio	onal regis	trant after a team of four	registration)			
Pay by Credit Card:	(HSME will contact you via phone for CC information.)							
Check Enclosed:	(Please make check payable to HSM Enterprises.)							
Please invoice:	(You will be	sent an invoice with	in 10 da	ys to the email listed abou	e.)			
How did you hear about th	his HortySpringer s	eminar?						
E-Mail Marketing	Brochure	Colleague	C	Other				
	Атт	TENDEE INFO	RMAT	TION FORM 2021				
	(Please give j	full names and titles	as you u	ould like them to appear	on name tags.)			
Attendee #1 First:		N	1I:	Last:				
Title:				Degree:				
*Email:								
*This email address will receive	e pre and post course mat	erials and will be used t	to access (EME credits				
Seminar:								
Attendee #2 First:		N	1I:	Last:				
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*This email address will receive	e pre and post course mat	erials and will be used t	to access (CME credits				
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Attendee #3 First:		N	1I:	Last:				
Title:				Degree:				
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Seminar:								

Attendee Information Form 2021 - Page 2

(Please give full names and titles as you would like them to appear on name tags.)

Attendee #4 First:	MI:	Last:	
Title:		Degree:	
*Email:			
*This email address will receive pre and post course m	aterials and will be used to access C	CME credits	
Seminar:			
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Attendee #9 First:	MI:	Last:	
Title:		Degree:	
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Please fill out a second form if additional attendee information is needed