

# NPI CONFERENCE REGISTRATION FORM

Please review our policies.

COURSE DATE	COURSE TITLE	COURSE FEE

SPECIALTY	POSITION	
<input type="checkbox"/> Emergency Medicine <input type="checkbox"/> General Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics	<input type="checkbox"/> Family Medicine <input type="checkbox"/> General Surgery <input type="checkbox"/> OB/GYN <input type="checkbox"/> Radiology <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Practice <input type="checkbox"/> Hospitalist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Nurse, NP <input type="checkbox"/> Resident <input type="checkbox"/> Retired <input type="checkbox"/> Other, specify _____

### PERSONAL INFORMATION

First name _____	Last name, designation _____
Institution _____	Email address _____ <small>May we contact you at this email regarding new courses/products/updates? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>
Phone number _____	Fax number _____

BILLING INFORMATION	SHIPPING INFORMATION
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_____ Street address	<input type="checkbox"/> Check if shipping address is same as billing address
_____	_____
City, state, zip code _____	City, state, zip code _____

### HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Previous Attendee	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Friend/Colleague	<input type="checkbox"/> Supervisor/Employer
<input type="checkbox"/> Residency Director/Program	<input type="checkbox"/> State/National Assn Meetings	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Journal
<input type="checkbox"/> Other, specify _____			

Check out our discounts page to see if you are eligible.

Course fees _____	Less discount _____	\$ _____
		<b>TOTAL DUE</b>

### PAYMENT INFORMATION

Check    Visa    MasterCard    American Express

Card number _____	Expiration date _____
Name on card _____	Signature _____