



**Second Annual
Miami Brain Symposium**
Friday, December 7, 2018

The Ritz-Carlton Coconut Grove, Miami, Florida
Please register by Friday, November 23, 2018.

Symposium Registration Form

Name and Degree (Please Print Clearly!)

Degree: M.D. D.O. Ph.D. P.A. ARNP R.N. Pharm.D. Respiratory Other_____

Institution Affiliation

Mailing Address

City/State/Zip

Telephone

Fax

Email Address

License Number (*Required for Florida healthcare professionals*)

Symposium Fees:* Please check.

Physicians

\$295*

BHSF Emp.

\$35

Other

\$95*

Fellows

\$95**

Symposium fee includes Continental Breakfast, Breaks and lunch on Friday.

* Group discount available for physicians when three or more register together as a group by **Friday, November 23.**

Add-ons will not be accepted. Call **786-596-2398** for details.

**Registration must be accompanied by a letter from the Fellowship/Residency Director.

Method of Payment:

Credit Card **Online:**

Mail a Check:

Mail registration with check to
Baptist Health CME Department
8900 North Kendall Drive
Miami, FL 33176-2197

Confirmations will be sent to acknowledge registrations received by **Friday, November 23.** Registrations will not be processed or confirmed without full payment. A cancellation fee of \$25 applies after November 23.

How did you hear about this symposium?

Mail Email Internet (specify site)_____ Other_____

In consideration of the Americans with Disabilities Act, please check here if you require special services, and we will contact you to determine your specific requirements. Please submit this form by Friday, November 23, for proper follow-up.

Information: Contact the Baptist Health CME Dept. at CME@BaptistHealth.net or **786-596-2398.**