



**Miami Neuro Nursing Symposium** ■ Wednesday, November 6, 2019

**Miami Neuro Symposium** ■ Thursday-Friday, November 7-8, 2019

Hilton Miami Dadeland Hotel, Miami, Florida  
**Please register by Monday, October 25, 2019.**

**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 all that apply.

	<b>Physicians</b>	<b>BHSF Emp.</b>	<b>Other</b>	<b>Fellows</b>
<b>Entire Course</b>	<input type="checkbox"/> \$355*	<input type="checkbox"/> \$165	<input type="checkbox"/> \$195*	<input type="checkbox"/> \$195**
<b>Daily Rates</b>				
Wednesday all day	<input type="checkbox"/> \$120	<input type="checkbox"/> \$55	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65
Thursday all day	<input type="checkbox"/> \$120	<input type="checkbox"/> \$55	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65
Friday all day	<input type="checkbox"/> \$120	<input type="checkbox"/> \$55	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65

Symposium fee includes Continental Breakfast, Breaks and Lunch on Wednesday, Thursday and Friday.

\* Group discount available for physicians when three or more register together as a group by **Friday, October 25**.

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

**Cancelations** must be received by **October 25, 2019** to receive a refund of the registration fee, less a \$25 administrative fee. Registration fees are not refundable after October 25.

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,

If you have dietary restrictions, we offer vegan and gluten free meals, please check here.

We will contact you to determine your specific requirements. Please submit this form by **Friday, October 25**, for proper follow-up.

**Information:** Contact the Baptist Health CME Dept. at [CME@BaptistHealth.net](mailto:CME@BaptistHealth.net) or 786-596-2398.