



Primary Care Focus Symposium – 18th Annual
Friday-Sunday, July 12-14, 2019 ■ The Ritz-Carlton Hotel, Naples, Florida
Registration Deadline: Friday, June 28
PrimaryCareFocus.BaptistHealth.net

Symposium Registration

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)

Registration Fees

Symposium Fees:* Please check all that apply.

Physicians** – \$495 Other Healthcare Professionals – \$295

Baptist Health Employees – \$145 Physicians in Training*** – \$295

*Symposium fee includes Friday Break and Reception, Continental Breakfast and Break on Saturday and Sunday, and Lunch on Saturday. Please indicate number of additional guests under **Event Reservation and Pricing** below.

** Group discount available for doctors when three or more register together as a group by June 28. Add-ons will not be accepted. Call 786-596-2398 for details.

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

Event Reservation and Pricing ■ Please indicate all of the events you plan to attend and the number of people attending. Space is limited and available on a first-come, first-served basis. Please send payment for tickets with your registration fee. Reservations must be made in advance. No reservations can be accepted on the day of the event.

Friday Evening Welcome Reception (Light Reception. One beverage of choice included.)

Number of Adults _____ @ \$35 each = \$ _____

Number of Children (12 & under) _____ @ \$17 each = \$ _____

Total payment for Friday Welcome Reception tickets \$ _____

Saturday Luncheon

Number of Adults _____ @ \$35 each = \$ _____

Number of Children (12 & under) _____ @ \$17 each = \$ _____

Total payment for Saturday Luncheon tickets \$ _____

Payment Summary

Friday Welcome Reception \$ _____ + Saturday Luncheon \$ _____ + Registration fee \$ _____ = **Total \$** _____

Method of Payment:

Credit Card Online: PrimaryCareFocus.BaptistHealth.net

Mail a Check: Baptist Health CME Department, 8900 North Kendall Drive, Miami, FL 33176-2197

Confirmations will be sent to acknowledge registrations received by **Friday, June 28**. Registrations will not be processed or confirmed without full payment. A cancellation fee of \$25 applies after June 28.

How did you hear about this symposium?

Mail Email Previous Attendee 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, June 28, for proper follow-up.