



**Baptist Health South Florida**  
Continuing Medical Education

**Primary Care Focus Symposium – 19<sup>th</sup> Annual**  
Friday-Sunday, July 10-12, 2020 ■ The Ritz-Carlton, Naples, Florida  
**Registration Deadline:** Friday, June 26  
[PrimaryCareFocus.BaptistHealth.net](http://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 Luncheon 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 26. 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 Refreshments)

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](http://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 26**. Registrations will not be processed or confirmed without full payment. A cancellation fee of \$25 applies after June 26.

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 26, for proper follow-up.

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