



**Symposium Registration**  
**Emergency Radiology Symposium – 18<sup>th</sup> Annual**  
Sunday-Wednesday, November 4-7, 2018  
Fontainebleau Hotel, Miami Beach, Florida

**Please register by Friday, October 27**

**Name and Degree** (Please Print Clearly!)

**Degree:**  M.D.  D.O.  Ph.D.  P.A.  ARNP  R.N.  Other \_\_\_\_\_

**Institution Affiliation**

**Mailing Address**

**City/State/Zip**

**Telephone**

**Fax**

**Email Address**

**License Number** (Required for Florida healthcare professionals)

**Symposium Fees:**

- Physicians\* - \$795
- Fellows/Residents\*\* - \$395
- Other Healthcare Providers - \$395
- Baptist Health Employees - \$140

<b>Per-day rates</b>	<b>Physicians</b>	<b>Other</b>
Sunday:	<input type="checkbox"/> \$199	<input type="checkbox"/> \$99
Monday:	<input type="checkbox"/> \$199	<input type="checkbox"/> \$99
Tuesday:	<input type="checkbox"/> \$199	<input type="checkbox"/> \$99
Wednesday:	<input type="checkbox"/> \$199	<input type="checkbox"/> \$99

Symposium fee includes Continental Breakfast and Break, Monday-Wednesday, and Sunday Reception.

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

**Method of Payment:**

**Credit Card Online:** [EmRadMiami.BaptistHealth.net](http://EmRadMiami.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, October 26**. Registrations will not be processed or confirmed without full payment. Cancellation fee of \$25 applies after October 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, October 26**, for proper follow-up.

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