

Prefix: DR. MR. MRS. MS. | Suffix: DO MD PhD RN PA Other _____
(please circle appropriate)

Please print your name clearly. This is how it will appear on your badge.

First Name: _____

Last Name: _____

Organization/Institution: _____

Street Address: _____

Specialty: _____

City, State, Postal Code: _____

Country: _____

Area code + Fax _____

Area code + Phone: _____

Lic # (required for nurses): _____

Email: _____

5th Annual Internal Medicine Board Review

June 7-11, 2014

Registration Fee includes Continental Breakfast, Breaks & Electronic Syllabus (USB Drive)

To receive discounted rates, please submit completed registration form by dates listed

Physician

Alumnus: Trained at Cleveland Clinic for a minimum of 3 months

Training dates: Start: ____/____/____ End: ____/____/____

Specialty: _____

Resident/Fellow: Letter of residency status required. Include with registration form.

Early Bird Fee (Thru April 1st)	Standard Fee (After April 1st)	Late/Onsite Fee (After May 20th)
<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,190	<input type="checkbox"/> \$1,310
<input type="checkbox"/> \$980	<input type="checkbox"/> \$1,085	<input type="checkbox"/> \$1,195
<input type="checkbox"/> \$880	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075

Please select your credit type: _____ AMA PRA Category 1 Credit™ _____ CEU

OPTIONAL ITEMS

Additional USB Syllabus (1 provided with registration fee) ☐ \$60

Syllabus Book (printed copy) ☐ \$125

HOTEL ACCOMMODATIONS

Hotel accommodations for the Internal Medicine Symposium are located at The Bonaventure Hotel & Spa, Weston, FL. The discounted group room rate is \$112 plus 11% tax = \$124.32 per night. Your credit card will be charged for the room nights requested below.

Arrival Date: ____/____/____ Departure Date: ____/____/____ Total Nights ____ x \$124.32 = \$_____

REGISTRANT WITH A DISABILITY OR DIETARY RESTRICTION: In accordance with the ADA, Cleveland Clinic Florida is committed to making this conference accessible to all individuals. If you require an auxiliary aid or service please call 954-556-8866 or toll free at 855-353-8731.

Payment Method:

☐ CREDIT Total charge: \$ _____ Name as it appears on card: _____

Credit Card Type (circle one)	Visa	Discover	MC	AmEx
Credit Card Number	CC#:			
Exp Date	EXP:			
Cardholder Signature	Sign:			
(Charges will appear as CCFORIDA-CME on your cc statement)				

☐ CHECK Make check payable to American Meetings, LLC & Reference "367" on check. Check must be in US Dollars & drawn on a US bank. Complete and return this registration form with the check, via mail to: American Meetings, 111 SW 6th St. Fort Lauderdale, FL 33301.

Terms & Conditions: Management, operators, employees and clients are absolved from liability for loss or damage to person or property. AMI, their respective clients and their representatives are hereby indemnified and held harmless from any and all liability or responsibility for any injury to employees, guests and visitors within the confines of the event. Course Registration Cancellation Policy: 75% of the Registration Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, a 75% credit will be posted to the following year for the same course. Hotel Cancellation Policy: 100% of the Hotel Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, the hotel fee is not refundable. Refunds or transfers for room reservations must be received before May 01, 2014. If you have any questions regarding your registration, please contact American Meetings toll-free at 855-353-8731 (Domestic United States) OR +1-954-556-8866 (International) or email (InternalMed@americanmeetings.com). Charges will appear as CCFORIDA-CME on your credit card statement. Cancellation Policy: All refunds or transfers must be requested in writing to American Meetings either by fax (954-337-2476) or e-mail (InternalMed@americanmeetings.com). Any cancellations received after May 01, 2014 will be non-refundable.