ADVANCING PUBLIC HEALTH: EDUCATION, BUILDING, AND SUPPORTING

Monday, November 10, 2014

REGISTRATION FORM

Name_____ _____ _____ _____
First M.I. Last Degree

Mailing Address_____

City_____State_____Zip_____Institution_____

Daytime Telephone_____Fax

Email_____

REGISTRATION FEE: $115 (includes CME Credits)
STUDENTS: $ 35 (Proof of fulltime status required)

Registration fee includes continental breakfast, breaks, luncheon, and reception.

Transportation will be provided from the Radisson Hotel, New Rochelle, to the Albert Einstein College of Medicine.

WINE AND CHEESE NETWORKING RECEPTION ☐ I will attend. ☐ I will not attend.

FIVE EASY WAYS TO REGISTER

Online www.mecme.org

Phone 718-920-6674

Fax 718-798-2336

Email npiacent@montefiore.org

Mail Completed registration form with your payment to:
Center for Continuing Medical Education
3301 Bainbridge Avenue, Bronx, NY 10467

PAYMENT METHOD

☐ Check payable to Montefiore Medical Center

☐ Visa ☐ MasterCard ☐ American Express

Card #_____Exp. Date_____

Signature_____

Name of credit card holder_____

CANCELLATION POLICY

Request for refunds MUST be received in writing by October 24, 2014 and subject to $25.00 administrative fee.
NO REFUNDS WILL BE PROCESSED AFTER THIS DATE.

FOR FURTHER INFORMATION CONTACT

Center for Continuing Medical Education
Call us at 718-920-6674 E-mail us at npiacent@montefiore.org
Global Health Center at global@einstein.yu.edu