



6th Annual 2018 UHealth Sleep Symposium: Hot Topics....Cool Climate....

Registration

Please complete and return the form below (with payment) to: Liz Primus, Sleep Center,
University of Miami Miller School of Medicine, 900 NW 17 Street, 5th Floor, Miami FL 33136
Telephone: 305-482-5113 | Fax: 305-243-5304 | Email: eprimus@med.miami.edu

First Name Last Name

Credentials (MD, DO, RN, ARNP, PhD, etc.) Hospital/Group Affiliation

Specialty License Number

Mailing Address

City State Zip

Daytime Phone Email (Required)

How did you hear about this program? Brochure Website Colleague Other

Occupation (required) Physician Nurse or Nurse Practitioner
 Sleep Technologist Respiratory Therapist Allied Health Professional
 Resident Fellow

Last 4 Digits of SSN (for CME recording/identification only)

Tuition (includes admission to program session, continental breakfast and lunch)

- Physician \$150 by February 26, 2018, \$200 thereafter
- Nurse, technician \$75 by February 26, 2018, \$100 thereafter

I require a vegetarian lunch.

Payment Method

Charge my Visa/Mastercard/American Express Card

Card Number Expiration Date CVV Number (see back of card)

Check (please make (check payable to UHealth Sleep Medicine Program)

Check # in the amount of (\$) enclosed

Registration Cancellation

Refunds will be made for a fee of \$50 if written notice of cancelation is received prior to February 26, 2018. After this date, no refunds will be made. In cases where a course is cancelled due to insufficient registrations, a full tuition refund will be made.



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