**40th Annual Michigan Family Medicine Research Day**

**May 25, 2017**

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| **Registration Fees****(Group Forms & payment must be received by May 19th)** | **Early Bird Rate***On or before* May 1st | **Regular Rate***May 2nd – May 19th*  |
| **Physician** | **$150** | **$170** |
| **Resident/Fellow** | **$100** | **$120** |
| **Practitioner** **(Physician Assistant, Nurse, Nurse Practitioner)** | **$90** | **$110** |
| **Student (Medical, Nursing)** | **$25** | **$45** |

**Cancellation policy:** Cancellations or refund requests must be received by May 19th; a $25 cancellation processing fee will be assessed to all cancelled registrations. Cancellation or refund requests after

May 19th will not be honored. To cancel a registration, please send an email to cme@beaumont.edu with the name of the activity and “Cancellation” in the subject line.

**Directions - Complete the form with all required information and submit by May 19th via one of the following methods (Group registration will not be available on-site):**

**Email** completed form with credit card payment information to cme@beaumont.edu -or-

**Fax** completed form with credit card payment information to 248-551-0748 (this is a confidential fax line) -or-

**Mail** completed form with check payment to: Beaumont Hospital, Royal Oak, 3601 W 13 Mile Road,

ABW-305, Continuing Medical Education, Attn: Jessica Rice, Royal Oak, MI 48073.

**NOTE: The email address must be unique to each registrant.**

**All fields in red must be completed.**

**A summary of confirmation numbers and payment receipts can be emailed separately**

**to a single email address if needed.**

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| **Registration Fee:** | **$**      |
| **First Name** |       | **Last Name** |       | **Degree** |       |
| **Affiliation** |       | **Specialty** |       |
| **Beaumont ID***(if applicable)* |       | **Physical, Dietary, other needs** |       |
| **Address 1** |       | **Address 2** |       |
| **City** |       | **State** |       | **Zip** |       |
| **Phone** |       | **Email\*** |       |

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| **Registration Fee:** | **$**      |
| **First Name** |       | **Last Name** |       | **Degree** |       |
| **Affiliation** |       | **Specialty** |       |
| **Beaumont ID***(if applicable)* |       | **Physical, Dietary, other needs** |       |
| **Address 1** |       | **Address 2** |       |
| **City** |       | **State** |       | **Zip** |       |
| **Phone** |       | **Email\*** |       |

\****Each Person registering must have a unique e-mail address.***

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| **Registration Fee:** | **$**      |
| **First Name** |       | **Last Name** |       | **Degree** |       |
| **Affiliation** |       | **Specialty** |       |
| **Beaumont ID***(if applicable)* |       | **Physical, Dietary, other needs** |       |
| **Address 1** |       | **Address 2** |       |
| **City** |       | **State** |       | **Zip** |       |
| **Phone** |       | **Email\*** |       |

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| **Registration Fee:** | **$**      |
| **First Name** |       | **Last Name** |       | **Degree** |       |
| **Affiliation** |       | **Specialty** |       |
| **Beaumont ID***(if applicable)* |       | **Physical, Dietary, other needs** |       |
| **Address 1** |       | **Address 2** |       |
| **City** |       | **State** |       | **Zip** |       |
| **Phone** |       | **Email\*** |       |

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| **Registration Fee:** | **$**      |
| **First Name** |       | **Last Name** |       | **Degree** |       |
| **Affiliation** |       | **Specialty** |       |
| **Beaumont ID***(if applicable)* |       | **Physical, Dietary, other needs** |       |
| **Address 1** |       | **Address 2** |       |
| **City** |       | **State** |       | **Zip** |       |
| **Phone** |       | **Email\*** |       |

**Total Paid: $**

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| **Payment by Credit Card:** ***[ ]  VISA [ ]  MASTERCARD [ ]  DISCOVER [ ]  AM/EX*** |
| **First Name** |       | **Last Name** |       |
| **Billing Address** |       | **City** |       | **ST** |       | **Zip** |       |
| **Credit Card #** |       | **Exp (MMYY)** |       | **CCV** |       |
| **Email completed form to:** **cme@beaumont.edu** **or Fax to: 248-551-0748** |

**Email Confirmation and Payment Receipt(s) to:**

**If paying by Check (payable to *William Beaumont Hospital*)**

**Mail completed form with payment to:**

**Beaumont Hospital, Royal Oak, 3601 W 13 Mile Road, ABW-305,**

**Continuing Medical Education, Attn: Jessica Rice, Royal Oak, MI 48073**