**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](mailto: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](mailto: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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| **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** | |  | |
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| **Beaumont ID**  *(if applicable)* |  | | **Physical, Dietary, other needs** | | | | | | |  | | | | | |
| **Address 1** |  | | | | | **Address 2** | | | | |  | | | | |
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| **Phone** |  | | | | | **Email\*** | | |  | | | | | | |

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| **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**](mailto: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**