

Capital Health's 4th Annual Primary Care Conference

4th

NOVEMBER 14 + 15, 2019 THE WESTIN PRINCETON at Forrestal Village

REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS

Full Name: _____ Provider License Type: _____
(ie; MD, DO, RN, NP, PA, or N/A)

Medical Affiliation: _____ Area of Specialty: _____
(please avoid abbreviations)

Position/Title: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email Address: _____
all correspondence, including confirmation, payment receipt, announcements, and updates will be sent via email.

Fee includes syllabus, CME/CEU certificate (if applicable), welcome reception, buffet breakfast, lunch, and morning and afternoon coffee breaks.

<i>Please circle your selected rate</i>	Early Registration (by 10/18/2019)	Late Registration (by 11/8/2019)	On-Site Registration (after 11/8/2019)
Physicians	\$249	\$299	\$349
Nurses, Residents, Allied Health Professionals	\$199	\$249	\$299

CONFERENCE CANCELLATION POLICY: Requests for refunds must be submitted in writing to uniquemtgs@aol.com and received prior to October 31, 2019. Your refund minus a \$75 processing fee will be refunded to you after the conference. Registrants who fail to attend the conference are responsible for the entire fee.

In the event of circumstances beyond its control, Capital Health reserves the right to cancel the conference. Capital Health is not liable for any expense incurred by participants as a result of cancellation.

WELCOME RECEPTION:

I will will not attend the reception on Thursday evening.

HOTEL RESERVATIONS:

I am am not interested in reserving a room at the Westin Princeton Hotel at the group rate of \$129.

A hotel reservation form will be emailed to you from Unique Meetings or you may download the form at www.capitalhealth.org/primaryconference

PAYMENT:

Check payable to "Capital Health System"
(Tax ID# 22-3548695)

Please send the completed registration form with the payment check to:

PRIMARY CARE CONFERENCE
c/o Unique Meetings
4404 Saddle River Drive
Bowie, MD 20720

Credit Card

Name on Card: _____

CC #: _____

Exp. Date: _____ CCV: _____

Billing address is the same as the registrants address

Please contact Holly Myers from Unique Meetings at 240.463.1939 or uniquemtgs@aol.com with registration questions, for information regarding hotel accommodations, or if you have any special needs.

