CONFERENCE REGISTRATION FORM

10th Annual Primary Care Update on Urgent Care & Emergency Medicine
September 21-23, 2025
Omni Nashville Hotel, Nashville, Tennessee

Complete this registration form and fax it to CEC at (516) 539-3555.
Alternatively, mail the completed form to Continuing Education Company at 250 Palm Coast Pkwy NE, Suite 607-152, Palm Coast, FL 32137.

Attendee Information

First Name _____ Last Name _____

Attendee's Email _____ Administrator's Email _____

Practice/Organization Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Specialty _____

Years Practicing _____ Title (MD/DO/NP/PA/Other) _____

Patient Population (select the population that best matches your practice) - Select One - _____

How did you hear about this conference? _____

Which best describes your practice setting? - Select One - _____

Have you participated in a previous CEC activity (conference, webcast, online course, etc.)? - Select One - _____

Do you practice in a rural area? ☐ Yes ☐ No

Payment Information

Registration Fees:

☐ $725.00 - In-Person

☐ $625.00 - Virtual Livestream Webcast

Clinical Procedure Workshops:

☐ $325.00 - Suture Savvy: Vital Wound Closure Techniques (Sep. 20, 8:00 am - 12:15 pm)

☐ $325.00 - Essential Emergency & Urgent Care Procedures (Sep. 20, 1:30 pm - 5:45 pm)

☐ $325.00 - Essential Emergency & Urgent Care Procedures (Sep. 21, 1:45 pm - 6:00 pm)

Payment Method:

☐ Credit Card (VISA, MASTERCARD, or AMEX)

Card # _____

Expiration Date _____

Name on Card _____

Security # (back of card) _____

Billing Address (if different from above)

_____

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☐ Check (make payable to Continuing Education Company, Inc.)