CONFERENCE REGISTRATION FORM

11th Annual National Hospital Medicine Conference
September 19 - 22, 2027
Renaissance Esmeralda Resort & Spa, Palm Springs, California

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 (CHOOSE IN-PERSON OR WEBCAST)

Tuition:

☐ $875.00 - In-Person ☐ $685.00 - Virtual Livestream Webcast

Payment Method:

☐ Credit Card (VISA, MASTERCARD, or AMEX)

Card Number _____ Name on Card _____

Expiration Date _____ Security Number (on back of card) _____

Billing Address (if different from above) _____

☐ Check (make payable to Continuing Education Company, Inc. and mail to 250 Palm Coast Pkwy NE, Suite 607-152, Palm Coast, Florida 32137)