REGISTRATION FORM

(Please Print)

Last Name _____ First Name _____ Credentials (MD, PhD) _____

Street Address _____

Town _____ State _____ Zip _____

Home Phone _____

Office Phone _____ Fax Number _____

E-mail Address _____

Institutional Affiliation _____

❑ Enclosed is my check for $25.00 made payable to North Shore-LIJ Health System.

❑ Credit Card Payment ❑ VISA ❑ MasterCard

Credit Card # _____ Exp. Date _____

3 Digit Security Code (on back of credit card) _____

Signature _____

THREE WAYS TO REGISTER:

Fax: This form with credit card information to (631) 864-2954

Mail: This form with your check or credit card information to:
353 Veterans Memorial Highway, Suite 303
Commack, NY 11725

Walk-in Registration Available Day of Event (Check or Credit Card)