

REGISTRATION INFORMATION

Presentations will be held at the Shoals Club on Friday and Saturday. A Breakfast Buffet and Sports awards will be under the tent at the harbor on Sunday. Seating is limited to 100 participants. Please complete and return this registration form along with the correct fees by September 16, 2011. Refunds are available for cancellations made at least three (3) business days prior to the program. The amount refunded will be the registration fee less a 30% administrative fee. Payment is required at the time of registration. If you have a disability or need special assistance while attending the conference, please contact Beth Mixon (910-667-9337) or Neesha Allen (910-667-9268).

Event #C33683

YOUR NAME: _____ Last 4 digits of your SS# _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: (Hm) _____ (Office) _____

E-mail address _____

Clinical Practice Specialty _____

Degree/Certification/License (MD, PA, NP etc): _____

I. CONFERENCE PARTICIPANT'S REGISTRATION FEE: \$ 275.00

(fee includes: sessions, instructional aids, educational credits, breakfast each morning, breaks, dinner under the tent at the harbor on Friday night for the participant only)

II. Fees for meals for members of your party: (fee includes: dinner Friday night & Breakfast Buffet Sunday under the tent at the harbor)

Significant others (Adults) \$50.00 each _____ # of Adults X \$50.00 = \$ _____
(Children 12 and under) \$25.00 each _____ # of Children X \$25.00 = \$ _____

III. The following recreational activities are not provided by nor a part of this CME program.

To arrange and make payment, please contact:

GOLF: Bring your clubs (- (office) 910-)

TENNIS: Bring your equipment (- (office) 910-)

FISHING: Bring your fishing equipment (- (office) 910-)

VOLLEYBALL: (- (cell) 910-)

CROQUET: Wear white (- (office) 910-)

BOCCE: (Court is available for anyone who wants to play)

2.6 mile FUN RUN: (- (cell) 910-)

IV. Method of Payment: (Check one)

Check Enclosed: Make check payable to SEAHEC.
Return registration with check to: SEAHEC, ATT.: Beth,
2511 Delaney Avenue, Wilmington, NC 28403

VISA If paying by credit card, you may fax (910-667-9343) this registration with credit card information to: SEAHEC, ATT: Beth Mixon

MASTERCARD

Credit Card # _____ Exp. Date: _____

Print name as it appears on credit card _____

Cardholder's Address _____

Signature _____