



**Third Annual  
Miami Brain Symposium**  
Friday, December 6, 2019

Hilton Miami Dadeland Hotel, Miami, Florida  
**Please register by Friday, November 29.**

**Symposium Registration Form**

**Name and Degree** (Please Print Clearly!)

**Degree:**  M.D.  D.O.  Ph.D.  P.A.  ARNP  R.N.  Pharm.D.  Respiratory  Other \_\_\_\_\_

**Institution Affiliation**

**Mailing Address**

**City/State/Zip**

**Telephone**

**Fax**

**Email Address**

**License Number** (*Required for Florida healthcare professionals*)

**Symposium Fees:**\* Please check.

**Physicians**

**BHSF Emp.**

**Other**

**Fellows**

\$295\*

\$55

\$95\*

\$95\*\*

Symposium fee includes Continental Breakfast, Breaks and lunch on Friday.

\*Group discount available for physicians when three or more register together as a group by **Friday, November 29.**

Add-ons will not be accepted. Call **786-596-2398** for details.

\*\*Registration must be accompanied by a letter from the Fellowship/Residency Director.

**Method of Payment:**

**Credit Card** [Online](#):


**Mail a Check:**

Mail registration with check to  
**Baptist Health CME Department**  
8900 North Kendall Drive  
Miami, FL 33176-2197

**Cancelations** must be received **by November 29, 2019** to receive a refund of the registration fee, less a \$25 administrative fee. Registration fees are not refundable after November 29.

How did you hear about this symposium?

Mail  Email  Internet (specify site) \_\_\_\_\_  Other \_\_\_\_\_

 In consideration of the Americans with Disabilities Act, please check here if you require special services, and we will contact you to determine your specific requirements. Please submit this form by Friday, November 29, for proper follow-up.

**Information:** Contact the Baptist Health CME Dept. at [CME@BaptistHealth.net](mailto:CME@BaptistHealth.net) or **786-596-2398**.