

Register today! Call **1-800-JEFF-NOW** with registration and credit card information.

Or fill out this form and send back via fax, or mail.

Name _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ Fax: _____

Select Workshop:

Friday, November 13, 2009 – Jefferson Hospital

Friday, December 11, 2009 – Bryn Mawr Hospital

Cost (including lunch):

\$139

\$119 for Jefferson, Main Line Health and affiliated employees

\$99 for full-time students, interns, residents with college ID

(CE costs additional, see CE and General Information on flyer)

Special Accommodations? _____ Dietary Restrictions? _____

By Fax: Complete this form, including credit card information, and fax it to JEFF NOW at **215-955-3911**

By Mail: Send completed registration form (including payment by check or credit card) to:

TJUH-JEFFNOW

Lockbox 6010

P O BOX 8500

Philadelphia PA 19178-6010

Check: Make checks payable to "JEFF NOW"

Credit Card Options: Visa Mastercard American Express

Account # _____ Exp. Date _____

Name on Card _____

Signature _____ Date _____