

CME / CE Course Registration Form

1. Contact Information

Name & Degree:		Specialty:
Practice Name:		Business Phone: Cell Phone:
Business Address:		Email Address:
City/State:		Zip

2. Course Selection:

Date	Location	MDs or DOs Check here for CMEs	All Other HPs Check Here
September 24-25, 2010	Baltimore, MD Sheraton Baltimore City Center Hotel 101 West Fayette Street Baltimore, MD 21201	\$495	\$395

3. Credit Card Authorization

Include Total	\$	
Name on Card		Exp. Date:
Card # (MC or Visa Only!)		
Signature		

- This registration form should indicate your method of payment for the total amount.
- A valid form of payment must be received to secure registration in this course. No refunds.
- Dates & locations are subject to change.

4. Submit Your Registration via:

Fax: 336-544-6311 Attn: nutraMetrix Educational Institute

E-mail: nEI@nutrametrix.org

- Ticket dates are not transferable.

Mail:

nutraMetrix Educational Institute
1302 Pleasant Ridge Road
Greensboro, NC 27409