

CME/CE Course Registration Form 2020

PLEASE WRITE LEGIBLY



1. Contact Information

First Name

Last Name

Email (Required) - PLEASE PRINT
LEGLIBLY

Name (As it should appear on your
badge)

Address

City/ State/ Zip Code

Phone Number

Alternate Phone Number (Mobile)

Credentials

- DAOM
- DC
- DDS or DMD
- DO
- DPM
- DPT
- LAc
- LPN
- LMT
- ND
- NP
- MD
- OD
- OT
- PhD
- PT
- PA
- RCP
- RD
- RN
- RT
- Student
- Resident
- Other

2. Course Selection

Date	Location	MDs and DOs Check Here for CMEs	All Other HPs Check Here
December 5th & 6th, 2020 Saturday & Sunday	Two Day, Online Event. After this form is received and payment processed, you will receive an email with your online registration link.	<input type="checkbox"/> \$395 Specialty	<input type="checkbox"/> \$295

3. Credit Card Authorization

Name (As it Appears on Card)

Total Amount

Credit Card Number (MasterCard and Visa Only)

Expiration Date

Signature

4. Submit your Registration via

Fax: (336)605-0041
Attn: nutraMetrix Educational Institute
Mail: nutraMetrix Educational Institute
1302 Pleasant Ridge Rd
Greensboro, NC 27409

- 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 the course.
- **No Refunds**
- Dates and locations are subject to change.
- Ticket dates are not transferable.