



CONFERENCE INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
CONFERENCE DATE (MM / DD / YYYY)*	FEE AMOUNT*	PROMOTION CODE
<input type="text"/>		
CONFERENCE LOCATION*		
<input type="text"/>		
CONFERENCE TITLE*		

INSTITUTION INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFICE CONTACT IF DIFFERENT THAN BELOW	EMAIL ADDRESS	PHONE NUMBER

PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse/Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other:	
USER NAME	MER ID	CONTINUING EDUCATION CERTIFICATE TYPE*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAPB NUMBER (OPTIONAL)	ABIM NUMBER (OPTIONAL)	DATE OF BIRTH (MM / DD)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME*	MIDDLE INITIAL	LAST NAME*	
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Work <input type="checkbox"/> Personal
MOBILE NUMBER*	EMAIL ADDRESS* (Unique to each registrant. May not use same email for multiple healthcare professionals)		
<input type="text"/>	<input type="text"/>		
PRIMARY CREDENTIALS (E.G.: MD, PA, NP, ETC.)*	MEDICAL SPECIALTY		<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> Personal		ADDITIONAL ADDRESS
STREET ADDRESS*	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY*	STATE*	ZIP CODE*	COUNTRY*

*Indicates required field.

Please verify conference fee on website (www.mer.org). If payment is not correct, check will be returned and registration not confirmed.

To qualify for early bird, full payment must be received at least 60 days prior to conference start date.

Please ensure there is only one registration per check. We cannot accept multiple registrations on a single check.

For payment by credit card, please use website registration or call MER at 1-800-421-3756.

MAIL TO:
 MEDICAL EDUCATION RESOURCES
 384 INVERNESS PARKWAY, STE. 230
 ENGLEWOOD, CO 80112
 TEL. 303-798-9682 OR 1-800-421-3756
 FAX 720-449-0217
 EMAIL: INFO@MER.ORG
WWW.MER.ORG