



CONFERENCE INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
CONFERENCE DATE (MM / DD / YYYY)*	AMOUNT CHARGED*	PROMOTION CODE
<input type="text"/>		
CONFERENCE LOCATION*		
<input type="text"/>		
CONFERENCE TITLE*		
<input type="text"/>	<input type="text"/>	<input type="text"/>
CREDIT CARD NUMBER	EXPIRATION DATE	CVV NUMBER

PERSONAL INFORMATION

<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*	CONTINUING EDUCATION CERTIFICATE TYPE	
<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"/>
FIRST NAME*	MIDDLE INITIAL	LAST NAME*
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> Personal	
MOBILE NUMBER*	EMAIL ADDRESS*	
<input type="text"/>	<input type="text"/>	
PRIMARY CREDENTIALS (E.G.: MD, PA, NP, ETC.)*	MEDICAL SPECIALTY	
<input type="text"/>	<input type="checkbox"/> Work <input type="checkbox"/> Personal	<input type="text"/>
STREET ADDRESS*	ADDITIONAL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY*	STATE*	ZIP CODE*
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY CONTACT	PHONE NUMBER	
<input type="text"/>	<input type="text"/>	

To be confirmed, registration must be accompanied by payment.

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

**Indicates required field.*

CONTACT INFO:

MEDICAL EDUCATION RESOURCES
9785 S. MAROON CIRCLE, STE. 100
ENGLEWOOD, CO 80112

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FAX 720-449-0217

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