



CHI Memorial  
 2525 deSales Avenue, Chattanooga, TN 37404  
 Email: Donna\_Jansen@memorial.org Fax: (423) 495-6794

### Registration Form

*Due July 23, 2019*

#### 2019 Southeast Regional Spine Symposium

July 27, 2019 7:45 a.m.  
 Embassy Suites, 2321 Lifestyle Way, Chattanooga, TN 37421

**Please PRINT all information. Credit cannot be awarded if information is missing or unreadable.**

First Name (Please Print)	MI	Last Name	Credential(s)
Street Address			
City	State	Zip	
E-mail address			
_( )	_( )		
Phone Number		Fax Number	

**Note: CME certificate will be emailed to the above email address.**

**Registration Fees:**

- Physicians: \$125.00
- Advanced Practice Clinicians (NP, PA): \$70.00
- Allied Health Professionals (RN, PT, OT, EMS, etc.): \$35.00

**Method of payment:**

Check mailed \_\_\_\_\_ **Make check payable to: CHI Memorial)**  
**Mail form & check to: Administration (Attn.: Donna Jansen)**  
**2525 de Sales Ave.**  
**Chattanooga, TN 37404)**

Pay at door: \_\_\_\_\_ **(ONLY Cash and Checks can be accepted at the door)**

**OFFICE USE ONLY:**

**Fee (circle one):** MD125 / DO125 / APC (NP/PA)70 / RN35 / OTH35

**Payment type (circle one):** Check / Pay at Door      **Payment received (amt.):** \_\_\_\_\_

**Date payment received:** \_\_\_\_\_      **Payment still due (amt.):** \_\_\_\_\_