

2019 AMERICAS REGION: MDT DIPLOMATE-FACULTY SYMPOSIUM

Sharing Our Clinical Strategies and Marketplace Insights

August 2-4, 2019 | Intercontinental Miami Hotel | Miami, Florida

Complete all sections of this form and fax or mail with payment to:

Fax: 315-471-7636

The McKenzie Institute USA, 432 N. Franklin St, Ste 40 Syracuse NY 13204-1559

By signing this registration form, I acknowledge that I have read and agreed to the terms of the Cancellation Policy provided on your website:

Signature is required to process registration: _____

Please type or print your name clearly as you wish it to appear on name badge:

Name (first and last name only) _____

City, State/Province, Country _____

Dr.
Mr.
Name Ms. _____

Mailing Address _____

City _____ State/Province _____ ZIP _____ Country (if outside US) _____

Phone # (Cell) _____ (Work) _____

EMAIL Address _____ Occupation _____

Will you be staying at the InterContinental Miami?: Yes No If no, other: _____

Special needs:

Dietary _____

Physical (please indicate any special accommodations needed to participate) _____

FEES (ALL IN USD):

EARLY BIRD FEES (On or BEFORE March 31, 2019):

- US\$ 575 MI-Branch Member
 US\$ 690 Non-Member

REGULAR FEES (On or AFTER April 1, 2019):

- US\$ 745 All Attendees

Payment Method:

US Check (or Bank Draft if non-US) enclosed. Make payable to: The McKenzie Institute

Visa Mastercard Discover (Please check one) Personal – or – Company

Cardholder Name _____

BILLING Address _____

City _____ State/Province _____ ZIP _____ Country _____

Card # _____ Exp. Date _____

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For Office Use Only

2019CO01

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Student #: _____

Confirm#: _____

Date Paid: _____

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