

The Kampong

OF THE NATIONAL TROPICAL BOTANICAL GARDEN



SATURDAY, FEBRUARY 4, 2012

NTBG PHYSICIANS' COURSE & SCIENTIFIC SYMPOSIUM

Registration

Name: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Physicians/Healthcare Professionals/Medical Students Only

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida Medical Association and the National Tropical Botanical Garden. The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Florida Medical Association designates this educational activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Employed Self-Employed Retired Student

Length of Employment: _____

Area of Specialty: _____

Title: _____

Professional Organization Membership: _____

Medical Students – University: _____

Please check appropriate fee below:

SYMPOSIUM Includes box lunch and buffet dinner

General Public \$75

Fellows \$55

Contributor Members \$65

Students \$45

Physicians, Health Care Professionals \$195
Includes continuing education credits

Medical Students \$145
Includes continuing education credits

Enclosed is my check in the amount of \$ _____ payable to: The Kampong

Please charge my credit card in the amount of \$ _____

Visa MasterCard American Express

Card # _____

Exp. Date _____ Signature _____

EVENING KEYNOTE ADDRESS

Includes dessert reception

General Public \$20

Students \$10

Fellows/Contributor Members Free

Mail completed application and payment to:

The Kampong

Attn: Ann Parsons

4013 S. Douglas Road

Coconut Grove, FL 33133