



21st ANNUAL SYMPOSIUM
Updates for Clinical and Legal Practice
ATTENDEE REGISTRATION

Date: Monday, October 16, 2017

Time: 8:00AM – 4:30PM

Location: The Hotel & Conference Center at Mohegan Sun
1280 Highway 315, Wilkes-Barre, PA 18702

Cost: \$55.00

REGISTRATION DEADLINE: Monday, October 2, 2017 (guaranteed when payment received)

Company Name: Today's Date:

Attendee Name:

Title:

Address:

City/State/Zip Code:

Phone: () - Fax: () -

E-mail:

CREDITS: Applying for 5.5 Credits (please check which credits you require):

- Nursing Contact Hours CCM CDMS CRC CLE

OPTIONAL CREDIT: Applying for 1.0 Credits-ethics (please check if you plan on attending from 3:30 to 4:30)

- Nursing Contact Hours CCM CDMS CRC CLE

REQUEST FOR SPECIAL ACCOMMODATIONS:

- Disability requiring special services Special dietary needs Explain:

PAYMENT: *Refunds will be issued up to 2 weeks before the symposium (less a \$10.00 cancellation fee per individual).

CHECK ENCLOSED

Please make checks payable to: Northeastern Rehabilitation Associates, P.C.

Attn: Tracey Johnson, 5 Morgan Highway, Suite 4, Scranton, PA 18508

CREDIT CARD PAYMENT:

Email or Fax completed form to tjohnson@nerehab.com or 570-969-9280 (Attn: Tracey Johnson)

Name on Card:

Card Billing Address: Zip:

Card #: CVV#: Visa MC DISC

Exp. Date: Signature:

PAYPAL PAYMENT (PROCESSED ON OUR WEBSITE: WWW.NEREHAB.COM)

Question: Please contact Ann Marie at amloiseau@nerehab.com or Tracey Johnson at 570-344-3788 ext. 322

For office use only:

GM/Date: EXCEL/Date: CONF Email/Date: ETHICS CREDIT OPTION