



24th NORTHEAST REHAB SYMPOSIUM
Updates for Clinical and Legal Practice
ATTENDEE REGISTRATION

Date: Tuesday, October 12, 2021

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 4, 2021 (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):	
<input type="checkbox"/> Nursing Contact Hours <input type="checkbox"/> CCM <input type="checkbox"/> CDMS <input type="checkbox"/> CRC <input type="checkbox"/> CLE	
OPTIONAL CREDIT: Applying for 1.0 Credits-ethics (please check if you plan on attending from 3:30 to 4:30)	
<input type="checkbox"/> Nursing Contact Hours <input type="checkbox"/> CCM <input type="checkbox"/> CDMS <input type="checkbox"/> CRC <input type="checkbox"/> 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: Bill Dempsey, 5 Morgan Highway, Suite 4, Scranton, PA 18508

CREDIT CARD PAYMENT:

Email or Fax completed form to wdempsey@nerehab.com or 570-969-9280 (Attn: Bill Dempsey)

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 Bill Dempsey at wdempsey@nerehab.com or 570-344-3788 ext. 320

For office use only:			
GM/Date: _____	EXCEL/Date: _____	CONF Email/Date: _____	ETHICS CREDIT OPTION _____