



The Ritz-Carlton, Grand Cayman  
January 29 – February 1, 2020

**Registration Form**

Online registration available at  
[destinationcme.com/Register](http://destinationcme.com/Register)

Please clearly PRINT information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree:  MD  DO  CRNA  Other (please specify): \_\_\_\_\_

Organization: \_\_\_\_\_ Specialty: \_\_\_\_\_

Email: \_\_\_\_\_

Note: CME/CE certificates will be issued via email.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_

**Course Fees**

\$1,495.00 Course Fee (per MD/CRNA)

\$ 100.00 Optional Session “Obesity and Sleep Apnea” with Dr. John E. Ellis (per MD/CRNA)

\$ 149.00 Optional Session “Sunset Sail with the Professors” (Per accompanying guest) x\_\_ guests = \$\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Payment and Billing Information:**

MasterCard  Visa  Discover  Amex Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ Card 3-digit or 4-digit verification number: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address is same as mailing address

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Organization: \_\_\_\_\_

\_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Check enclosed (dCME FEIN #: 02-059-8487)

Please fax form to (815) 301-8148 OR mail with check to:

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Chicago, IL 60637

