

Registration CCR 2018

CONGRESS OF CLINICAL RHEUMATOLOGY May 17- 20, 2018

If you prefer to register through mail or through fax, please fill out the form below and then click print. Please Email, FAX or MAIL THIS PAGE WITH YOUR CREDIT CARD INFORMATION OR make CHECK payable to A & R Educational Group, LLC and place "Congress of Clinical Rheumatology" in the memo field. Alternately, you may call with your credit card information. **A&R Educational Group, LLC. 5200 Greystone Way, Birmingham, AL 35242, Phone: (205) 991-6161, Fax: (205) 991-6161, Email: pmclain@ccrheumatology.com.**

REMEMBER to BOOK YOUR ROOM DIRECTLY WITH THE HOTEL.

Symposium Fees	On or before 4/1/18	After 4/1/18
CCR Physician Registration Fee	\$495	\$575
CCR Physician DAY Registration	\$190/day	\$190/day
CCR AHP Registration Fee	\$435	\$495
CCR Rheumatology AHP DAY Registration	\$160/day	\$160/day
Physicians in Training: Written letter from program director required if not registered for NYRIF. *Registration Fee is waived if attending NYRIF*	\$225*	\$225*
Retired Physicians	\$275	\$320
Golf Tournament fee - Registrant Saturday afternoon, Baytown, includes Green Fees	\$125	\$125
Banquet Saturday Night – Fee included in Registration -1 hour of CME (Circle One: Surf and Turf / Vegetarian/ Special), if special, please specify	Attending	Not Attending
Banquet Saturday Night - Spouse / Guest –Fee included in Registration (Circle One: Surf and Turf / Vegetarian/ Special-please note) Children’s plates available upon request for additional fee. Max 2 per registrant. Must be registered to attend.	Attending	Not Attending
Total		

There will be a \$25 surcharge for any registration received on site.

Refund Policy: There will be a \$50 administration fee for refunds prior to 4/17/2018 and \$100 fee for refunds requested on or after 4/27/2018. No refunds will be issued after May 13, 2018.

Cancellation Policy: A&R Educational Group, LLC reserves the right to cancel this conference due to insufficient enrollment or unforeseen circumstances.

Name _____ Degree _____

Specialty _____ NPI #: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Credit Card Number _____ Exp. Date ____ / ____ CVV: _____

Name as it appears on Credit Card _____

Zip Code for Billing Address: _____