

Registration CCR 2017

CONGRESS OF CLINICAL RHEUMATOLOGY April 27- 30, 2017

If you prefer to register through mail or through fax, please fill out the form below and then click print. Please 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. If using FAX, add your credit card information to the form. 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.**

REMEMBER to BOOK YOUR ROOM DIRECTLY WITH THE HOTEL.

Symposium Fees	On or before 3/27/17	After 3/27/17
CCR Physician Registration Fee	\$480	\$560
CCR Physician DAY Registration	\$190/day	\$190/day
CCR AHP Registration Fee	\$425	\$475
CCR Rheumatology AHP DAY Registration	\$160/day	\$160/day
Physicians in Training: For Residents & Fellows ONLY. Written letter from program director is required. *Registration Fee is waived if attending NYRIF and submitting an abstract	\$225*	\$225*
Retired Physicians	\$275	\$325
Golf Tournament fee - Registrant Saturday afternoon, Baytown, includes Green Fees	\$125	\$125
Banquet Saturday Night – Fee included in Registration (Circle One: Surf and Turf / Vegetarian/ Special), if special, please specify Children’s plates available upon request. Max 2 per registrant, 1 hr of CME, Must be registered to attend	Attending	Not Attending
Banquet Saturday Night - Spouse / Guest (Circle One: Surf and Turf / Vegetarian/ Special-please note)	Attending	Not Attending
Total		

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

Refund Policy: There will be a \$50 administration fee for refunds prior to 3/27/2017 and \$100 fee for refunds requested on or after 3/27/2017. No refunds will be issued after April 24, 2017.

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: _____