Interactive Simulcast Site — ISBA Chicago Regional Office, Chicago, IL Friday, May 17, 2019				
Name:				
Address:				
City:	St		ZIP:	
maile	Cell Phone:			
Dietary Restrictions:				
Professional/Educational Designa	tion (i.e., MD, JD, RN,	etc.):		
Check all that apply:				
No Continuing Education	Credit			
Continuing Medical Education (CME) Credit:		Last 4 Dig	Last 4 Digits of SS#:	
Continuing Legal Education (CLE) Credit: State:		e: Attorney	Attorney Registration #:	
Continuing Nursing Education (CNE) Credit:		Certificat	Certificate #:	
Other Continuing Education Credit:		Туре:		
		Certificat	ion #:	
Registration fees: All registrations	include electronic access t	o materials, refreshme	ents and lunch.	
General registration (no c	ontinuing education c	redits)	\$50.00	
Attorney registration (wit *Attorneys may apply for a few waiver due to financia	fee waiver due to financia	l hardship. To request a	a	
Healthcare provider regist	tration with CEUs (CM	E or CNE)	\$75.00	
SIH-affiliated healthcare p	providers and other SI	H personnel	Complimentary	
SIU School of Law or Med	icine faculty, staff or s	tudents	Complimentary	
IL Healthcare provider wh	o participated in any o	of Coventry's PPO r	networks <i>Complimentary</i> (19W0901604)	
I am paying with: Visa	MasterCard	Discover	American Express	
redit Card #			Exp Date	
Name on Card:			CVC:	
Payer Email (required for receipt):			