



## CERTIFIED MEDICAL EDUCATORS

### Registration Form

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

PA Program \_\_\_\_\_ Year Graduated/ing \_\_\_\_\_

Certifying / Recertifying Year \_\_\_\_\_

Seminar Attending \_\_\_\_\_

Referred By \_\_\_\_\_

### Registration Categories:

All three Days: up to 30 hours of Continuing Medical Education possible.

- \$350 Physician Assistant Student
- \$425 Physician Assistant

### Workshop Categories (\$50 each):

- Hemodynamics & Critical Care
- Advanced 12 Lead EKG
- Suturing Skills – Basic to Advanced

### Payment Options:

Visa       Mastercard       Check

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address (if different than above) \_\_\_\_\_  
\_\_\_\_\_

**Please make checks payable to:** Certified Medical Educators

Certified Medical Educators | 705 Pioneer Dr. | Holmen, WI 54636 | Phone: 608-399-1527  
Email: info@certifiedmedicaleducators.com

*Expanding Knowledge, Enhancing Care.*