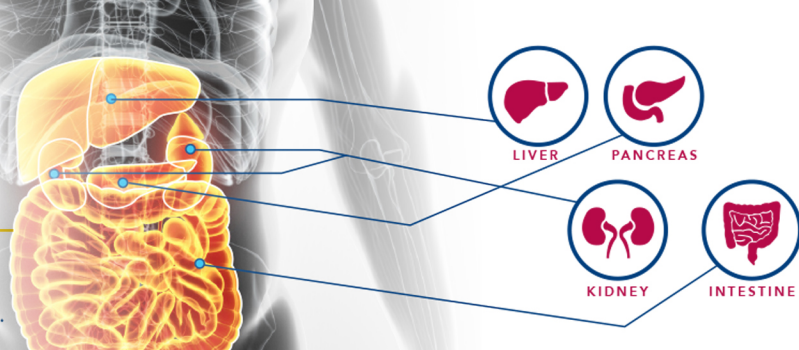


# MedStar Georgetown Transplant Institute Symposium

## ADULT AND PEDIATRIC TRANSPLANTATION

SEPTEMBER 14, 2019 • Washington Marriott Georgetown • Washington, D.C.



LIVER

PANCREAS

KIDNEY

INTESTINE

FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX

DEGREE HOSPITAL / COMPANY / ORGANIZATION

MEDICAL SPECIALTY

ADDRESS STREET SUITE OR APT #

CITY STATE ZIP / POSTAL CODE

TELEPHONE FAX

E-MAIL

### THREE WAYS TO REGISTER:

#### ON THE WEB:

CE.MedStarHealth.org/MGTI

#### BY EMAIL:

Scan form and email to:  
MedStarCME@gmail.com

#### BY MAIL:

MedStar Health  
3007 Tilden Street, NW, Suite 3N  
Washington, D.C. 20008

We are unable to accept registrations or cancellations by telephone.

All registrations will be confirmed by email only. If you have questions regarding registration or do not receive an email confirmation of your registration within 1-2 business days, please contact us at MedStarCME@gmail.com or 202-780-1655.

### CANCELLATION POLICY:

Cancellations made in writing by August 2, 2019 will be subject to a 50% penalty. No refunds will be given after August 2, 2019 Cancellations will not be accepted by telephone. In the unlikely event that the course is canceled, MedStar Health will refund the registration fee, but is not responsible for any travel costs.

Please call 202-780-1655 or email MedStarCME@gmail.com if you have any questions or need any additional information.

REGISTRATION TYPE	THROUGH 7/29/19	7/30-9/14/19
Physician	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125
Resident or Fellow	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Physician Assistant	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Nurse Practitioner	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Nurse	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Allied Health Professional	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Social Worker	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Dietitian or Nutritionist	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Physical Therapist	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
Occupational Therapist	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90

☐ Check Enclosed (Please make checks payable to "MedStar Health - MGTI 2019")

☐ Credit Card (Please indicate type below. Charges on statement will appear as "CMEQT")

☐ American Express

☐ Visa

☐ Mastercard

CARD NUMBER

EXPIRATION DATE (MO/YEAR)

\*CCV NUMBER

NAME OF CARDHOLDER

CARDHOLDER SIGNATURE

\*The CCV number is a 3-digit non-raised number printed on the back of the credit card in the right hand corner of the signature strip. Amex card CCV numbers are 4-digits long and are on the front of the card.



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