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**Echocardiography Symposium – 36th Annual**

Friday-Saturday, October 27-28, 2017

Hilton Airport Hotel, Miami, Florida

**Please register by Friday, October 20.**

**Symposium Registration**

**Name** (Please Print Clearly!)

**Degree:** □ M.D. □ D.O. □ Ph.D. □ P.A. □ ARNP □ R.N. □ Sonographer □ Respiratory Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Institution Affiliation**

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**Mailing Address City/State/Zip**

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**Telephone Fax Email Address**

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**License Number (***Required for Florida healthcare professionals)*

**Symposium Fees:\*** Please check all that apply.

🞎 Physicians\*\* – $425 🞎 Other Healthcare Professionals – $225

🞎 Baptist Health Employees – $60 🞎 Physicians in Training\*\*\* – $225

**Check enclosed (Payable to Baptist Health CME Department)**

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