

# BEYOND FLEXNER 2021 - REGISTRATION

First Name:

Last Name:

EdD  DDS  DO  MD  MPH  MSW  NP  PA  PhD  RN  None  Other: \_\_\_\_\_

Preferred Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Medical Center/Hospital/Institution: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail (required for confirmation and certificate information): \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, please specify any special services you require: \_\_\_\_\_

State(s) of Professional Licensure: \_\_\_\_\_

License Number: \_\_\_\_\_ (As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)

## REGISTRATION FEES

|                             |                               |
|-----------------------------|-------------------------------|
| Attendee / Breakout Faculty | <input type="checkbox"/> \$75 |
| Resident / Trainee          | <input type="checkbox"/> \$25 |
| Student                     | <input type="checkbox"/> \$25 |

## SPECIALTY/REGISTRATION TYPE (Please select only one)

| ATTENDEE / BREAKOUT FACULTY  | RESIDENT / TRAINEE  | STUDENT   |
|--|---|---|
| <input type="checkbox"/> Academic Faculty<br><input type="checkbox"/> Administration<br><input type="checkbox"/> Dental Hygienist<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Public Official<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Clinical Research<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> 1 <sup>st</sup> year of training<br><input type="checkbox"/> 2 <sup>nd</sup> year of training<br><input type="checkbox"/> 3 <sup>rd</sup> year of training<br><input type="checkbox"/> 4 <sup>th</sup> year of training<br><input type="checkbox"/> Other: _____ |

## DEMOGRAPHIC INFORMATION

| What contributed most to your decision to register?   | Years in Practice   |
|---|---|
| <input type="checkbox"/> Online Search/Conference Website<br><input type="checkbox"/> Personal Recommendation/Invitation<br><input type="checkbox"/> Email Advertisement<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> 0 – 5 yrs<br><input type="checkbox"/> 6 – 10 yrs<br><input type="checkbox"/> 11 – 20 yrs<br><input type="checkbox"/> 21 yrs and over |

Have you attended Beyond Flexner in the past?  Yes  No

May we use your email address for symposia-related communications and communications from symposia affiliates?

Yes  No

For more information about how Complete Conference Management uses your email and other personal data, please review the Complete Conference Management [Privacy Policy](#).

I acknowledge that I have reviewed the [Privacy Policy](#).

Beyond Flexner does not offer a cancellation policy. If you are unable to attend the meeting, you will still be able to view all of the recorded sessions.

## PAYMENT INFORMATION

Mail completed registration form and check payable to: Complete Conference Management, 8333 NW 53<sup>rd</sup> Street, Suite 450, Doral, FL 33166

Checks must be received by Friday, April 2, 2021. Alternatively, register online at <https://www.beyondflexner.org/beyond-flexner-conference-2021.html>



This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.