

AETC REGISTRATION FORM



28th Annual Clinical Care of the Patient with HIV Infection and Care of Patients with Viral Infections

To Register: Online: <https://hopkinscme.cloud-cme.com/aph.aspx?P=5&EID=10512>

By fax: (866) 510-7088

By phone: (410) 502-9634

Or mail this form to the Johns Hopkins University, Office of Continuing Medical Education,
720 Rutland Avenue Turner Room 20, Baltimore, Maryland 21205-2195
Include e-check or credit card information below.

PAYMENT MUST ACCOMPANY FORM TO CONFIRM YOUR REGISTRATION.

I am a Johns Hopkins speaker for this activity.

last name		first name		m.i.
highest degree	primary specialty		Hopkins faculty/staff only JHED ID	
For Physicians Only: NPI - 10 digits		State License #		State of License
mailing address				
city		state	ZIP	country
daytime telephone		fax number		
email (required)				

I wish to receive e-mail and/or fax notices about upcoming CME activities.

I plan to stay at the Renaissance Harborplace Hotel.

What do you hope to learn by attending this activity? _____

Please notify us if you have special needs. _____

Registration Fees:

- Physicians..... \$510
- Residents\$390
- Physicians registered with www.maaetc.org/events/materials/10815 **\$410**
Discount: 7136REDP
- Nurses/AHP registered with www.maaetc.org/events/materials/10815.....**\$315**
Discount: 7136REDNP
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Questions regarding JHU MAAETC Discounted Rate
Contact: Dorcas Baker, RN
Dbaker4@jhu.edu
443-287-4779

The registration fee food and beverage. For registration received after 5:00 p.m. ET on April 19, 2018, include a \$50 late fee.

On-site registration are payable only by credit card.

For group registrations that must pay by one company check, please call (410) 502-9634 for special instructions.

Payment Type:

Total amount \$ _____

JHU Faculty/Staff Only: If you are using your Tuition Remission Benefit or an ION budget, please upload your fully completed and approved form in the payment section of the online activity link above.

TR Form: <http://benefits.jhu.edu/documents/trffacandstaff.pdf> ION Form:

<http://hopkinscme.edu/migration/IonRequest.pdf>

e-Check: Routing #: _____ Account #: _____

Credit Card: VISA MASTERCARD DISCOVER AMEX

Card # _____ - _____ - _____ Exp. Date _____ Billing ZIP Code _____ Security Code _____

Name on Card

Signature and Date