

Registration Form for **Mail In Registration Only** - Nov 30 & Dec 1, 2017

Online at www.necoem.org is the most convenient and easiest method to use for registering. The on-line registration system contains the complete schedule, course descriptions, faculty, and dates/time of each event. Once you complete your on-line registration, you will receive an instant email confirmation as your registration receipt. Major credit cards are accepted, you do not need to have a Paypal account.

You may also mail or fax the following:

PLEASE PRINT CLEARLY

Name/Credentials _____
(name and credentials as it should appear on attendance record)

***Email** _____
(for confirmation receipt)

Job Title _____
Employer/Employer address _____

Business Address _____
(Where confirmation should be sent if email not available)

City, State, Postal Code _____

Telephone _____
(for office use only)

Issue Checks and Purchase Orders To:
The New England College of Occupational and Environmental Medicine (NECOEM)
Register online at:
www.necoem.org
FAX(credit card info) or Mail Registration Materials To:
Dianne Plantamura, NECOEM
22 Mill St, Groveland MA 01834
Telephone/Facsimile 978/373-5597

Course Fees 2017:

	Early bird	After midnight Oct 31
Early bird registration deadline is BEFORE midnite Monday Oct 31 - register early and SAVE!		
BOTH DAYS Nov 30 and Dec 1 (<i>includes breakfasts, lunches, Thursday dinner reception</i>)		
Physician (MD/DO) members of NECOEM/ACOEM	___ \$390	___ \$445
Physician (MD/DO) non-members of NECOEM/ACOEM	___ \$435	___ \$495
RN / NP / PA / Other professionals	___ \$320	___ \$365
Medical residents / nursing students	___ \$120	___ \$120
Medical students (call NECOEM for medical student fee)	Call	Call
THURSDAY Nov 30 Only (<i>includes breakfast, lunch, dinner reception</i>)		
Physicians (MD/DO)	___ \$220	___ \$265
RN / NP / PA / Other professionals	___ \$185	___ \$230
Medical residents / nursing students	___ \$80	___ \$80
Guest for reception only	___ \$55	___ \$55
FRIDAY Dec 1 Only (<i>includes breakfast, lunch</i>)		
Physicians (MD/DO)	___ \$210	___ \$255
RN / NP / PA / Other professionals	___ \$175	___ \$220
Medical residents / nursing students	___ \$60	___ \$60
Thursday Guest Reception	\$50	

In an effort to become environmentally responsible, a dedicated link to presentation PowerPoint's will be sent to each registrant so that selections may be printed before the conference.

Payment Options

___ Check ___ Purchase Order ___ Master Card ___ Visa ___ Am. Express

Number _____, Expiration _____

Security Code: 3 digit for MC/Visa, _____ 4 digit for AmEx. _____

Signature _____

Name on card _____

Full Street Address and Zip Code of Card Holder _____

Substitution/Cancellation Policy: Substitutions may be made at any time without additional charge. The conference fee, less a \$75 administrative charge, is refundable if cancellation is received by mail or facsimile at least ten business days prior to the conference (by Tuesday, November 14th). The entire fee is forfeited if cancellation is not received before the deadline or if a registrant does not attend the conference. Substitutions/cancellations must be made in writing.