Mount Sinai MEDICAL CENTER

17th Annual Mild Cognitive Impairment Symposium **Special Topic Workshop** Alzheimer's Public Educational Forum

SINGLE REGISTRATION

January 19-20, 2019 • Miami Beach, Florida, USA

REGISTRATION

- Registration for the Symposium (Jan 19) and Workshop (Jan 20) includes:
- Access to conference sessions
- Symposium and Workshop Program book (printed) or downloaded version
- Continental breakfasts (2), coffee breaks (3) and light lunches (2)
- Networking reception (January 19, 2019) Online access to the presentation materials following the event (video recordings and slides)
- CME/CE credits for the Symposium and Workshop

Registration for the Symposium-only (Jan 19) includes:

- Access to the Symposium sessions
- Symposium Program book inclusive of abstracts and speaker bios or downloaded version
- Online access to the presentation materials following the event (video recordings and slides)
- CME/CE credits for the Symposium sessions Continental breakfast, breaks and light lunch
- (January 19, 2019) Networking reception (January 19, 2019)

Registration for the Forum-only (Jan 20) includes:

- Access to the Forum sessions
- Forum Program book inclusive of abstracts and speaker bios or downloaded version
- Online access to the Forum presentation materials following the event (video recordings and slides) CME/CE credits for the Forum sessions
- Refreshments

CHANGES TO THE PROGRAM: Although great care has been taken in preparing and updating the meeting program, the organizers cannot be held responsible or accept any liability for inaccuracies or omissions and cannot be held responsible for any damage, loss or costs resulting from the compiled information.

LIABILITY: The meeting organizers and the conference secretariat will not accept liability for any personal injury, damage or loss that may occur during or directly arising from this meeting. In addition, the meeting organizers reserve the right to change the contents, venue and/or time as necessary.

CANCELLATIONS: Cancellations must be made in writing. A full refund minus a \$35 processing fee is available through December 20, 2018. Please note that no partial refunds will be made available. Email or fax requests for cancellation to the conference secretariat.

SUBSTITUTIONS: Changes to attendee information or registration substitutions must be made no later than January 11, 2019.

COMMUNICATION: By registering for this conference you agree to receive periodic email updates and announcements on the event.

Fax completed form to: +1.312.278.0787 OR scan to: meetings@worldeventsforum.com OR mail to:

World Events Forum (secretariat) 1631 Whitcomb Avenue Des Plaines, IL 60018 USA

Questions about registration should be addressed to the conference secretariat:

> c/o World Events Forum, Inc. T: +1.224.938.9523 F: +1.312.278.0787 meetings@worldeventsforum.com

Register online at: www.mcisymposium.org

Registration for the Workshop-only (Jan 20) includes:

- Access to the Workshop sessions
- Workshop Program book inclusive of abstracts and speaker bios or downloaded version
- Online access to the presentation materials
- following the event (video recordings and slides)
- CME/CE credits for the Workshop sessions
- Continental breakfast, break and light lunch (January 20, 2019)
- on or before Dec 20, 2018) Dec 21, 2018on or after Jan 12, 2019) all fees in USD Jan 11, 2019) GRADUATE STUDENT / POST-DOC FELLOW Symposium+Workshop \$250 \$275 Symposium only \$175 \$250 \$225 \$75 \$125 \$150 Educational Foru free free \$5 NON-PHYSICIAN \$450 \$475 \$350 \$300 \$400 \$425 Symposium only \$100 \$200 \$225 Educational For free free \$5 PHYSICIAN \$450 \$550 \$575 Symposium only \$400 \$500 \$525 \$100 \$200 \$225 free \$5 free RECEPTION GUEST** \$35 \$35 Evening of Jan. 19 \$35 TOTAL

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* Proof of academic status will be required.

** Registrant's guest access to the networking reception only, Jan 19, 2019. Guest must be accompanied by a paying delegate.

GROUPS RATES FOR 3 or more delegates from the same organization are available-please contact the secretariat for details.

REGISTRANT INFORMATION all fields are required

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Signature

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Check payable to Mount Sinai Medical Center (checks should be drawn ONLY on a US bank)	Visa Discover MasterCard AmEx	
Name as it appears on the Credit Card		
Credit Card Number	Billing Address (if different from above)	
Expiration Date	Billing Address (cont.)	
Security Code (CVV)	City/State or Province/Zip Code or Postal Code	

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