

The Connecticut Urology Society Annual Meeting Friday, October 30, 2020

The Aqua Turf Club, 556 Mulberry Street, Plantsville, Connecticut

Email: debbieosborn36@yahoo.com Cell: 860-459-4377

Registration Form

NAME:	nt)			
(please pri	nt)			
ADDRESS:	se print)			
CITY:	S ^r	ГАТЕ:	ZIP:	
TELEPHONE:_				
EMAIL ADDRI	ESS:			
Yes, I ar	n planning on attending the October 3	0, 2020 An	nual Education Program	
No, I an	n unable to attend the October 30, 202	0 cccpAnnı	ual Education Program	
	Early Bird Member Physician	Fee: \$100.0	00 if paid by October 1, 2020	
	Member Physician Fee:		.00 After October 1, 2020 .00 Member Registers at the Event	
	Non-Member Fee:	\$175	.00 if paid by October 1, 2020 .00 After October 1, 2020 .00 Non-Member Registers at the Ev	ent
	Non-M.D (ie. PAs, APRNs)	\$ 75	.00	
	Residents:	Com	plimentary	
_	Duplicate CME Certificate \$1	2.00 Date	of Certificate needed:/	ır

(please make checks payable to CT Urology Society)

Please mail this form with your payment to:

CT Urology Society, P.O. Box 854, Litchfield, CT 06759 Fax: 860-567-3591

This activity has been planned and implemented in accordance with the Essentials and Standards of the Connecticut State Medical Society through the joint sponsorship of CSEP and The Connecticut Urology Society. CSEP is accredited by the CSMS to provide continuing medical education for physicians.

CSEP designates this educational activity for a maximum of 6.25 credit hours in category I credit toward the AMA Physicians Recognition Award.

Each physician should claim only those hours of credit that he/she spent in the activity.