



# Secure your Seat! Register NOW!

Complete and Return by FAX to (305) 412-3247

Please print clearly!

You will receive a confirmation letter by fax or email.

The admission badge(s) will be given on-site.

Saturday, Oct. 7, 2006  
Howard Johnson Plaza Hotel  
7707 NW 103 St., Hialeah, FL

## FREE for MDs and DOs with a GUEST!

### MD or DO

First \_\_\_\_\_ Last \_\_\_\_\_ MD \_\_\_ DO \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Type of Organization (check one):  
 Solo  Group  Clinic  Hospital Other: \_\_\_\_\_ Specialty: \_\_\_\_\_

### Your Guest

First \_\_\_\_\_ Last \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Type of Organization (check one):  
 Solo  Group  Clinic  Hospital Other: \_\_\_\_\_ Specialty: \_\_\_\_\_

## \$49 for Other Attendees

First \_\_\_\_\_ Last \_\_\_\_\_ Credentials \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Make your check payable to **South FL Physicians Expo** and mail it with a copy of this form to  
**PO Box 836736, Miami, FL 33283.** All major credit cards are accepted.

**PLEASE CHARGE MY CREDIT CARD** VISA\_\_\_ MC\_\_\_ AMEX\_\_\_ DISC\_\_\_

No: \_\_\_\_\_ Exp \_\_\_\_\_ Cardholder: \_\_\_\_\_

CC Bill. Address \_\_\_\_\_ CC Zip \_\_\_\_\_ Signature: \_\_\_\_\_

With your **ADMISSION BADGE(s)** you have access to the **Keynote, CME Programs, Workshops, Hall with Exhibits, Welcoming Breakfast & Lunch.**

Questions and to Register by Phone please call **(305) 412-0255.**

Crediting info and Program updates at **www.sfpexpo.com**