

For immediate registration, go to: www.svmic.com

1 Choose a Live Seminar

Physicians - \$75
Non-Physicians - \$25 (non-refundable)

- Practicing on the Grid
- Lessons Learned from Malpractice Claims

2 Payment Information

Credit Card

Email: askrm@svmic.com | **Fax:** 615.846.1783

Print Cardholder's Name _____

Credit Card #

Expiration Date _____

Cardholder's Signature _____

Email Receipt to _____

Check - Mail to:

SVMIC/Risk Education Seminars
 MSC 30400
 P.O. Box 415000
 Nashville, TN 37241-5000

3 Address (CME Certificates will be mailed to this address)

Group or Practice Name _____

Street _____ Suite # _____

City _____ State _____ Zip _____

Phone # _____ Confirmation Email _____

4 Registration (These courses are available to SVMIC policyholders and their employees only)

Physician Registration

Seminar #	Attendee Name	MD	DO	License #	Last 4 SSN
		<input type="checkbox"/>	<input type="checkbox"/>		
EMAIL REQUIRED (Attendee's Individual Address)					
		<input type="checkbox"/>	<input type="checkbox"/>		
EMAIL REQUIRED (Attendee's Individual Address)					
		<input type="checkbox"/>	<input type="checkbox"/>		
EMAIL REQUIRED (Attendee's Individual Address)					

Non-Physician Registration (non-refundable)

Nurse Practitioner · Physician Assistant · Practice Manager · RN/LPN · Other Clinical and Administrative Staff

Full Name of One Physician in Practice _____

Seminar #	Attendee Name	NP	PA	RN/LPN	Other	Last 4 SSN
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMAIL REQUIRED (Attendee's Individual Address)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMAIL REQUIRED (Attendee's Individual Address)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMAIL REQUIRED (Attendee's Individual Address)						

For any questions, please call: 1.800.342.2239

SVMIC Use Only: Initials _____ Date _____