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1 Seminar

When: February 23, 2019 8:00-10:00am

Where: Franklin Marriott Cool Springs
700 Cool Springs Boulevard
Franklin, TN 37067

Topics:

- Risk Management in Radiology: Communication (First Hour)
- Risk Management in Radiology: Body Imaging (Second Hour)

Speakers: Jonathan Berlin, MD

2 Address

Group or Practice Name _____
Street _____ Suite # _____
City _____ State _____ Zip _____
Phone # _____ Email _____

Your confirmation will be sent to the email provided.

3 Registration

Physician Registration

Attendee Name	MD	DO	License #	Last 4 SSN
	<input type="checkbox"/>	<input type="checkbox"/>		
Attendee's Individual Email:				
	<input type="checkbox"/>	<input type="checkbox"/>		
Attendee's Individual Email:				

Non-Physician Registration

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

Full Name of One Physician in Practice _____

Attendee Name	NP	PA	RN/LPN	Other	License #	Last 4 SSN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attendee's Individual Email:						

For any questions, please call: 1.800.342.2239