

For immediate registration, go to: [www.svmic.com](http://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](mailto: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 \_\_\_\_\_