

For immediate registration, go to: SVMIC.com

## 1 Seminar

### Risk Management: Diagnostic Errors The Stairway to Heavenly Payments

**Speakers:** Jonathan Berlin, MD, FACR  
Richard Duszak, MD, FACR

**When:** February 25, 2017  
8:00-10:00am

**Where:** Franklin Marriott Cool Springs

## 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"/>		
EMAIL REQUIRED (Attendee's Individual Address) :				
	<input type="checkbox"/>	<input type="checkbox"/>		
EMAIL REQUIRED (Attendee's Individual Address) :				

### 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"/>		
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 \_\_\_\_\_

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