

2017 Live Seminar Registration Form

In association with the Tennessee Society of Anesthesiologists Annual Meeting

Seminar TN Opioid Crisis and an Update of the Laws **Speakers:** Rett Blake, MD **When:** February 4, 2017 2:45-4:45pm David Edwards, MD, PhD Where: Hilton Downtown Nashville Stephanie Vanterpool, MD Mitch Mutter, MD **Address** Group or Practice Name _____ Suite # _____ State _____ Zip ____ Phone # _____ Email _____ Your confirmation will be sent to the email provided. Registration **Physician Registration** Last 4 **Attendee Name** License # MD DO SSN EMAIL REQUIRED (Attendee's Individual Address): 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 _ Last 4 **Attendee Name** NP PA RN/LPN Other License # SSN **EMAIL REQUIRED** (Attendee's Individual Address): П П **EMAIL REQUIRED** (Attendee's Individual Address): For any questions, please call: 1.800.342.2239 SVMIC Use Only: Initials _____ Date ____ #7087 2017 - O

For immediate registration, go to: SVMIC.com