



## Registration Form

Please complete the following information:

First Name
Last Name
Street Address/PO Box
City
State
Zip Code
Phone
Email
Organization
Profession

### Method of Payment

Check or money order payable to CEII

Please charge my  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_

Return this form with your registration fee to the address below. Thank you.

[www.continuingeducationpartner.com](http://www.continuingeducationpartner.com)

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