



Registration Form – Alzheimer’s Conference, Marion, 5/14/20

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 Discover

Card #: _____

Expiration Date: _____

If name and/or address for credit card is different from registrant, please provide:

Please return this form with your registration fee to the Continuing Education Institute:

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