

CME REGISTRATION FORM
30th Annual Primary Update – Summer Conference
Wisconsin Dells, WI
July 23 – 25, 2027

4 Easy Ways to Register

1. Online (Fast & Secure) <http://CMEIconference.org>
2. Fax: Complete Registration Form and fax to 952-295-00447
3. Phone: Call CMEI at 952-948-1685
4. Mail: Complete registration form and mail to CMEI
1161 Wayzata Blvd E #229 Wayzata, MN 55391

Participant Information

Print Name & Title (as you want them on your CME certificate)

E-Mail Address:

Home Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Home Phone Number _____

Specialty _____ Title (MD/DO/NP/PA/Other) _____

Payment Information

_____ \$700.00 – Physicians

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_____ \$550.00 - Residents, Nurse Practitioners, Physician Assistants & Other Health
Care Providers

Registration Fee includes: Continental Breakfast (Friday, Saturday & Sunday)

Payment

☐ American Express ☐ Visa ☐ Master Card

Card Number _____ Name on Card _____

Expiration Date (Mo /Yr) _____ Security Code: _____
3 or 4 numbers

Bill Address (If different from above) _____

Signature _____ Date _____

____ Check (Make Payable to Continuing Medical Education Institute and mail to:
1161 Wayzata Blvd E #229 Way

Continuing Medical Education Institute, Inc
1161 Wayzata Blvd E #229 Wayzata, MN 55391
Phone: 952-948-1685, Fax: 952-295-0447, Email: info@CMEImeeting.org