REGISTRATION FORM



Update in the Treatment of Liver Diseases La Concha Renaissance San Juan - 8CME Credits Category 1 Registration cost: \$50 (Includes CME Certificate, breakfast & Lunch) Physicians Name: ____ Email: Phone #: **Payment Method:** Visa MC Amex On-Site Name on Credit Card: **Credit Card Number: Expiration Date: Security Code:** Amount: **Authorized Signature:**

For more information, please call: 787-548-0047 Please send registration form to RiVS Marketing Inc.: Fax: 787-294-9185 or email: info@rivsmarketing.com