2024 Live Seminar Registration Form

SVMIC

1 2024 Live Seminar

Arming Yourself for a Medical Malpractice Battle, Part 1

CME Seminar Sign-in Requirement:

7 minute RULE

In order to obtain the full 2.0 hours of credit, attendees must sign in within 7 minutes of the seminar start time. Signing in 8-20 after the seminar start time will result in 1.75 hours of credit.

2 Form Submission

CME/PREMIUM CREDIT $

NO FEE

Submitting This Form

FAX: 615.661.9827

EMAIL: askrm@svmic.com

MAIL: SVMIC/Risk Education Dept.
P.O. Box 1065
Brentwood, TN 37024-1065

3 Address *(CME Certificates will be mailed to this address)*

Group or Practice Name _____

Street _____ Suite # _____

City _____ State _____ Zip _____

Phone # _____ Email _____

4 Registration *(These seminars are available to SVMIC policyholders and their employees only)*

Physician Registration

Seminar #	Attendee Name	MD	DO	License #	Last 4 SSN
		☐	☐		
ATTENDEE'S EMAIL:					
		☐	☐		
ATTENDEE'S EMAIL:					
		☐	☐		
ATTENDEE'S EMAIL:					

Non-Physician Registration

Nurse Practitioner · Physician Assistant · Practice Manager · RN · Other Clinical and Administrative Staff

Full Name of One Physician in Practice _____

Seminar #	Attendee Name	NP	PA	RN	Other	Last 4 SSN
		☐	☐	☐	☐	
ATTENDEE'S EMAIL:						
		☐	☐	☐	☐	
ATTENDEE'S EMAIL:						
		☐	☐	☐	☐	
ATTENDEE'S EMAIL:						