

Arming Yourself for a Medical Malpractice Battle, Part 2

Seminar #	Location	Date/Time	Seminar #	Location	Date/Time
3271	Nashville, TN	6/19, 12-2pm	3278	Knoxville, TN	7/17, 12-2pm
3272	Nashville, TN	6/19, 6-8pm	3279	Knoxville, TN	7/17, 6-8pm
3273	Franklin, TN	7/1, 12-2pm	3280	Memphis, TN	7/31, 8-10am
3274	Franklin, TN	7/1, 6-8pm	3281	Memphis, TN	7/31, 12-2pm
3275	Chattanooga, TN	7/10, 12-2pm	3282	Memphis, TN	7/31, 6-8pm
3276	Chattanooga, TN	7/10, 6-8pm	3283	Bowling Green, KY	8/14, 6-8pm
3277	Knoxville, TN	7/17, 8-10am	3284	Little Rock, AR	8/28, 6-8pm

Form Submission

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EMAIL: askrm@svmic.com
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 Risk Education Dept.
 P.O. Box 1065
 Brentwood, TN 37024-1065

These seminars are available to SVMIC policyholders and their employees only.

Contact & Registration Information

(CME Certificates will be mailed to provided address)

Group/Practice Name _____ Phone # _____
 Street _____ Suite # _____
 City _____ State _____ Zip _____
 Confirmation Email _____

Seminar #	Physician Name	MD	DO	License #	Last 4 SSN	
		<input type="checkbox"/>	<input type="checkbox"/>			
ATTENDEE'S EMAIL:						
		<input type="checkbox"/>	<input type="checkbox"/>			
ATTENDEE'S EMAIL:						
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ATTENDEE'S EMAIL:						
Seminar #	Non-Physician Name	NP	RN	PA	Other	Last 4 SSN
Full Name of One Physician in Practice:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENDEE'S EMAIL:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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