

## Legal Landmines in Disguise

Seminar #	Location	Date/Time	Seminar #	Location	Date/Time
3285	Knoxville, TN	6/4, 8-10am	3293	Brentwood, TN	8/13, 8-10am
3286	Knoxville, TN	6/4, 12-2pm	3294	Brentwood, TN	8/13, 12-2pm
3287	Knoxville, TN	6/4, 6-8pm	3295	Brentwood, TN	8/13, 6-8pm
3288	Chattanooga, TN	7/16, 12-2pm	3296	Little Rock, AR	8/27, 6-8pm
3289	Chattanooga, TN	7/16, 6-8pm	3297	Cookeville, TN	9/3, 8-10am
3290	Memphis, TN	7/30, 8-10am	3298	Cookeville, TN	9/3, 12-2pm
3291	Memphis, TN	7/30, 12-2pm	3299	Cookeville, TN	9/3, 6-8pm
3292	Memphis, TN	7/30, 6-8pm	3300	Bowling Green, KY	9/24, 6-8pm

## Form Submission

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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:						
		<input type="checkbox"/>	<input type="checkbox"/>			
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"/>	
ATTENDEE'S EMAIL:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENDEE'S EMAIL:						