

**CME and CDE Registration & Payment Form**

**Please complete this form (black ink), submit payment and return by mail:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Course Location: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**CME/CDE Credit Amount  
12, 18, OR 24 credits available**

**CORE MEDICAL TOPICS (Circle ONE topic):  
12 Credits**

- |                    |                    |
|--------------------|--------------------|
| Anesthesiology     | Urology            |
| Emergency Medicine | Orthopedics        |
| Family Practice    | ENT                |
| Gastroenterology   | Pediatrics         |
| Ophthalmology      | Psychiatry         |
| General Surgery    | Cardiology         |
| Geriatric Medicine | Critical Care      |
| Internal Medicine  | Infectious Disease |
| OB/GYN             | Radiology          |
| Risk Management    | Neurology          |
| Cancer Management  | Neurosurgery       |
| Plastic Surgery    | Hospital Medicine  |
| Pathology          |                    |

**SECONDARY MEDICAL TOPICS (circle ONE topic):  
\_\_\_\_\_ 6 credits \_\_\_\_\_ 12 credits (please indicate)**

- |                    |
|--------------------|
| Geriatric Medicine |
| Family Practice    |
| Internal Medicine  |
| Radiology          |
| Emergency Medicine |
| Cardiology         |
| Hospital Medicine  |

(Note: **The secondary topic cannot be the same as the core topic).**

**Total CME credits requested:**

\_\_\_\_\_ 12 \_\_\_\_\_ 18 \_\_\_\_\_ 24

(core plus secondary = total)

**CORE DENTAL TOPICS: Circle only ONE topic**

- |                     |              |
|---------------------|--------------|
| General Dentistry   | Orthodontics |
| Pediatric Dentistry |              |

**SECONDARY DENTAL TOPICS: Circle only ONE topic**

- |                     |              |
|---------------------|--------------|
| General Dentistry   | Orthodontics |
| Pediatric Dentistry |              |

**PRICING:** Subject to change without notice

**24 Credit Course - \$550US  
18 Credit Course - \$500US  
12 Credit Course - \$450US**

**Payment to: The Hunt Doctor Inc.  
P.O. Box 449  
Tunkhannock, PA 18657**

**Payment Method:** We currently accept personal or business checks & money orders to the above address. Please order at least **30** days before course start date.

Print Form and complete, then remit with payment.  
Please call our staff with any questions at: 570-466-2542 or 570-824-1980.