## PrimeFare East Regional Scientific Symposium 2024

June 28<sup>th</sup> & 29<sup>th</sup>, 2024

**Sheraton Grand Hotel** 

Nashville, Tennessee

4 Educational Tracks: Prosthetics, Orthotics, Pedorthics, Administrative-Management

## Attendee Registration

Your registration includes all breakfasts, breaks, and lunches as well as your choice of any combination of educational tracks to satisfy your discipline requirements. \*Please indicate each attendee's t-shirt size on back page.

| Company Name:                               |  | Phone:  |                  |  |
|---|--|---|------------------|--|
|   |  | Contact E-mail:   |                  |  |
| Address:                                    |  |   |                  |  |
|   | Zip: Date:   |   |                  |  |
|   | 85 and ends on May 10 <sup>th</sup> . Payment mu<br>tact Cathie Pruitt (901)359-3936 or <u>prime</u> |   | rds it is \$550. |  |
| ABC / BOC Certification and Certification # | Name of Attendee<br>(as you would want it to appear<br>on name badge)                                | E-mail address<br>(attendees individual e-mail<br>address)              | Amount           |  |
|   |  |   | \$               |  |
|   |  |   | \$               |  |
|   |  |   | \$               |  |
|   |  |   | \$               |  |
|   |  |   | \$               |  |
|   |  |   | \$               |  |
| Total Number of Attendees:                  |  | Total \$  |                  |  |
|   | Payment Info   | rmation   |                  |  |
| • Online: Ema                               | ail this completed form to primefared  | east@gmail.com and pay  |                  |  |
| onli  | ine: PFE 2024 Online Payment   | (No need to fill out Cardholder Inf                                     | fo)              |  |
| • Checks: Plea                              | se make checks payable to PrimeCare O&P  | and mail with completed registration f                                  | orm to:          |  |
| Prim  | eCare O&P Network 2289 Cornwall St   | Germantown, TN 38138 (901)359-39  | 36               |  |
| Or email this co                            | ompleted form along with your paymer   | nt information to: <a href="mailto:primefareeast@g">primefareeast@g</a> | mail.com         |  |
|   | <u>Cardholder Info</u>   | rmation:  |                  |  |
| Name as it appears o                        | n card:  | Type: AM  | EX. VISA. MC     |  |
| Address:                                    | City:  | State: Zip:   |                  |  |
| Card #:                                     |  | Expiration Date:  |                  |  |
| Authorization Signature:                    |  | Security code:  |                  |  |

| *T-Shirt Sizes: Med   | Large         | X-Large | XX-Large                          | Total#             |  |  |
|---|---------------|---------|-----------------------------------|--------------------|--|--|
| Please Make Note of the Meeting Format  |               |         |                                   |                    |  |  |
| Registration and breakfast begin at 7:00am on Friday June 28 <sup>th</sup> .  Breakfast begins at 7:30am on Saturday June 29 <sup>th</sup> .  Educational sessions begin both Friday and Saturday at <u>8:00am.</u> |               |         |                                   |                    |  |  |
| Attendees must make their own hotel reservations.   |               |         |                                   |                    |  |  |
| Contact the hotel directly and mention the PrimeFare East meeting and enjoy the special discounted room rate of \$289.00 per night.   |               |         |                                   |                    |  |  |
| Sheraton Grand Hotel   623 Union Street   Nashville, TN 37219 615-259-2000  |               |         |                                   |                    |  |  |
| Or clink the link to make your reservation with the discounted rate:  Book your group rate for PrimeFare East Regional Scientific Symposium   |               |         |                                   |                    |  |  |
| *Please help us avoid wasting food or resources. Meals are <u>automatically</u> included with your registration fee.  |               |         |                                   |                    |  |  |
| Friday Breakfast Reserv   | <u>vation</u> |         | Friday Lunch                      | <b>Reservation</b> |  |  |
| June 28, 2024   |               |         | June 28, 2024                     |                    |  |  |
| Yes, I will attend.   |               |         | Yes, I will atte                  |                    |  |  |
| No, I will not attend.  |               |         | No, I will not                    |                    |  |  |
| Saturday Breakfast Res  | ervation      |         |                                   | ch Reservation     |  |  |
| June 29, 2024   |               |         | June 29, 2024                     |                    |  |  |
| Yes, I will attend.<br>No, I will not attend.   |               |         | Yes, I will att<br>No, I will not |                    |  |  |
| *If you would like to have an additional guest for any of the meals, please fill in the section below and include the additional amount with your registration payment.   |               |         |                                   |                    |  |  |
| *Additional Guest # @ \$50 per meal = \$  |               |         |                                   |                    |  |  |
| Our policy is that in the event the meeting cannot be held for any reason, we will provide a credit for   |               |         |                                   |                    |  |  |

## **NO REFUNDS**

paid registrants for an alternate meeting date.

If you have any questions or need further information, please contact Cathie Pruitt at (901)359-3936.