



EXCEL Continuing Education
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What would you like a Continuing Medical Education activity to cover? Please fill out and submit the form below so we may have a better understanding of your needs. All information is kept strictly confidential.

Your Contact Information

First Name _____
 Last Name _____
 Company _____
 Telephone _____
 Fax _____
 E-mail _____
 Address _____
 Suite or Apartment # _____
 City _____
 State _____
 Zip Code _____
 Referred by _____

Event Information

What topics would you be interested in learning about at a conference?
 1) _____
 2) _____
 3) _____
 4) _____

Which method(s) of obtaining CME will most effectively meet your needs in the coming year?
 Meetings/Symposia
 Hands-on laboratories
 Workshops
 Lectures
 Other
 If "Other", please specify:

Additional Comments

Please fax to EXCEL Continuing Education at (786) 263-0956