



SIMMONS
SEASIDE SEMINAR

PRACTICE MANAGEMENT & OWNERSHIP CONFERENCE

REGISTRATION FORM

REGISTRATION FEE ATTENDEE
Regular Price \$450.00

REGISTRATION FEE per GUEST (spouse or family member)
Regular Price \$125.00

Includes breakfast, breaks, lunch & learn, and Simmons Seafood Soirée

Includes breakfast & Seafood Soirée

ATTENDEE & GUEST INFORMATION

ATTENDEE NAME:

TITLE:

HOSPITAL/CLINIC NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

GUEST NAME:

GUEST NAME:

GUEST NAME:

GUEST NAME:

Rooms blocked at Jekyll Island Club Hotel. Hotel number is (855) 535-9547 ask for group #7805488.

PAYMENT

Credit Card Information:

Expiration Date:

Security Code:

Credit Card details can be mailed or sent by email and fax. If paying by check, please make checks payable to Simmons & Associates Southeast and mail to 1610 Frederica Road, St. Simons Island, GA 31522

AGREEMENT

I, _____ (Attendee Name), agree to allow Simmons & Associates to use pictures of me on printed, digital, and video marketing materials.

Signature: _____

Date: _____