

**THE 55<sup>th</sup> ANNUAL BAKER GORDON  
EDUCATIONAL SYMPOSIUM**

**FEBRUARY 11 – 13, 2021  
MIAMI, FLORIDA**

Please complete and return this registration form, accompanied by your check, made payable to Baker Gordon Educational Symposium, in US Funds only, DRAWN ON A U.S. BANK, or your credit card authorization. You may mail or fax registration.

**BAKER GORDON EDUCATIONAL SYMPOSIUM**

**Attention: Mary Felpeto**

3225 Aviation Avenue, Suite 100  
Coconut Grove, FL 33133

Symposium Phone: (305) 859-8250

Fax Number: (305) 854-3423

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

ASAPS ID# \_\_\_\_\_ ASPS ID# : \_\_\_\_\_ ISAPS ID# \_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Email address must be legible, this email address will be used for your CME Accrediation)*

**Payment:** \_\_\_ Member \_\_\_ Non-Member \_\_\_ Resident

\_\_\_\_\_ Enclosed Check made payable to Baker Gordon Educational Symposium

\_\_\_\_\_ Credit card authorization as follows. Check one:

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

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

Account Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please review the "Cancellation Policy"