

LEWIS-GALE CME ORGANIZATION
P. O. Box 13592
Roanoke, VA 24035-3592

REGISTRATION FORM

Name _____

Address _____

Telephone Number (Home) _____ (Office) _____

(Fax) _____ E-Mail Address _____

Hospital Affiliation (if applicable) _____

Specialty _____

Name of CME Activity Attending _____

Date of Activity _____ Location of Activity _____

Registration Fee enclosed (if applicable) _____

Please return by registration deadline to the appropriate address (from
Page 2 of Registration Form):

Alleghany Regional Hospital
Attn: CME Registration
PO Box 7
Low Moor, VA 24457

Clinch Valley Medical Center
Attn: CME Registration
2929 W Front St
Richlands, VA 24641

Health Focus of SW Virginia
Attn: CME Registration
3807 Brandon Ave, Ste 1000
Roanoke, VA 24018

Lewis-Gale Physicians
Attn: CME Registration
1802 Braeburn Dr
Salem, VA 24153

Lewis-Gale Medical Center
Attn: CME Registration
1900 Electric Rd
Salem, VA 24153

Montgomery Regional Hospital
Attn: CME Registration
PO Box 90004
Blacksburg, VA 24060

Pulaski Community Hospital
Attn: CME Registration
PO Box 759
Pulaski, VA 24301