



\$STRAIGHT TALK XXXV
November 19, 2026
Virtual Zoom Meeting

REGISTRATION FORM

Payment Method: ☐ Check Enclosed

☐ MasterCard ☐ VISA

☐ American Express

Card # _____

Expiration Date _____ Security Code _____

Zip Code of Billing Address _____

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PLACE OF BUSINESS

ON-LINE REGISTRATION IS AVAILABLE AT WWW.MCEP.ORG

- | | | |
|---|-------|---|
| ☐ Physicians | \$275 | ☐ Groups of 5-10 - \$50 off per person |
| ☐ Non-Physician Registrants | \$200 | |
| ☐ Residents/Medical Students | \$ 50 | ☐ Groups of 11 or more - \$75 off per person |

For registering a group, please reach out to Madey Costello at madeyv@mcep.org

Cancellation Policy:

All refunds must be requested in writing. If your written cancellation is received two weeks prior to the course date, you will receive a full refund minus a \$50 administrative fee. No refunds on cancellations received after November 5, 2026.

If paying by check, please make payable to MCEP and return to:
MCEP, 6647 West St. Joseph Hwy. Lansing, MI 48917, PHONE 517-327-5700, www.mcep.org