

Spanish and Cultural Immersion CME at Hospitalito Atitlán

Please check the box corresponding to your requested CME course:

January 17 - 23, 2021

CME airport shuttle: Pickup midday Sunday, January 17 and drop-off Saturday, January 23

March 21 - 27, 2021

CME airport shuttle: Pickup midday Sunday, March 21 and drop-off Saturday, March 27

April 18 - 24, 2021

CME airport shuttle: Pickup midday Sunday, April 18 and drop-off on Saturday, April 24

May 16 - 22, 2021

CME airport shuttle: Pickup midday Sunday, May 16 and drop-off on Saturday, May 22

July 11 - 17, 2021

CME airport shuttle: Pickup midday Sunday, July 11 and drop-off on Saturday, July 17

August 15 - 21, 2021

CME airport shuttle: Pickup midday Sunday, August 15 and drop-off Saturday, August 21

October 10 - 16, 2021

CME airport shuttle: Pickup midday Sunday, October 10 and drop-off Saturday, October 16

November 14 - 20, 2021

CME airport shuttle: Pickup midday Sunday, November 14 and drop-off Saturday, November 20



Please complete this form and email it to: info@hospitalitoatitlan.org.
Alternatively, you may email the information requested to info@hospitalitoatitlan.org.

Your responses will enable us to begin your registration process.

After emailing this document, please go to the website: <https://secure.acceptiva.com/?cst=d0b64d> to pay the \$1,295 registration fee. Please note that we cannot secure lodging for the course until this fee has been received.

Upon receipt of the registration fee, we will send you a confirmation email. All fees are 100% refundable up to 30 days before the start date of the program. If you do not receive this confirmation email within two business days, please contact us at hospitalitoatitlan@gmail.com.
You are not registered unless you receive this confirmation.

We look forward to working with you and seeing you in Guatemala!



First Name: _____

Last Name: _____

Academic Degree: _____

Medical Specialty: _____

Affiliation: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____ **Zip Code:** _____

Daytime Telephone: _____