

PLEASE ADDRESS INQUIRIES AND OTHER CORRESPONDENCE TO:

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Name _____
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PLEASE ENROLL ME IN:

ADHERENCE TO MEDICAL RECOMMENDATIONS

Saturday, JANUARY 17, 2009

5 AOA Category 1A CME Credits Requested

Physicians \$125.00 • Physician Assistants, other Health Care Professionals \$75.00

Registration Fee Enclosed _____ Yes No

Please make checks payable to PCOM-CME.

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