

**PLEASE ADDRESS INQUIRIES AND OTHER CORRESPONDENCE TO:**

**Linda Miller, CME Coordinator**  
**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE**  
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Name \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Field of Practice \_\_\_\_\_  
Telephone number \_\_\_\_\_

**PLEASE ENROLL ME IN:**

**BASIC FORENSIC MEDICINE**  
**Saturday, FEBRUARY 7, 2009**  
5 AOA Category IA CME Credits Requested  
Physicians \$125.00 • Physician Assistants, other Health Care Professionals \$75.00

Registration Fee Enclosed \_\_\_\_\_  Yes  No

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