

Please address inquiries and other correspondence to:

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Name _____
Street _____
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Zip Code _____ Telephone No. _____
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Field of Practice _____

Please enroll me in:

REUNION WEEKEND CME SEMINARS

- May 29-30, 2009 Physicians \$250.00 Physician Assistants \$200.00
- Friday, May 29 Physicians \$150.00 Physician Assistants \$120.00
- Saturday, May 30 Physicians \$100.00 Physician Assistants \$ 80.00

Registration Fee \$ _____ Enclosed Yes No

Please make checks payable to PCOM-CME.

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