

PLEASE ADDRESS INQUIRIES AND OTHER CORRESPONDENCE TO:

Linda Miller, CME Coordinator
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
4170 City Avenue, Philadelphia, PA 19131-1694
(215) 871-6348 • Fax (215) 871-6781

Name _____
College _____ Year _____ AOA# _____
Address _____
City _____ State _____ Zip Code _____
Field of Practice _____
Telephone number _____

PLEASE ENROLL ME IN:

PRACTICE MANAGEMENT
Saturday, DECEMBER 6, 2008
5 AOA Category IA 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.

VISA Mastercard AMEX Exp. Date _____

Credit Card Number _____

Security Code (three digit # on back of credit card) _____

E-mail address _____