

PLEASE ADDRESS INQUIRIES AND OTHER CORRESPONDENCE TO:

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

PLEASE ENROLL ME IN:

MEETING CHALLENGES OF THE NEW PRIMARY CARE
Saturday, NOVEMBER 14, 2009

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 _____