

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

**Esther Hewlett-Crewes, CME Administrator**  
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Name \_\_\_\_\_

College \_\_\_\_\_ Year \_\_\_\_\_ AOA# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Field of Practice \_\_\_\_\_

Telephone Number \_\_\_\_\_

**PLEASE ENROLL ME IN:**

**CURRENT THERAPIES FOR NEUROLOGICAL PRESENTATIONS**  
**FRIDAY, NOVEMBER 6 – SUNDAY, NOVEMBER 8, 2015**

12 AOA Category 1A CME Credits Anticipated

Medical Doctors may apply for *AMA PRA Category 2 Credit*

Physician Early Bird Fee: \$400 before October 24

Physician Standard Fee: \$500 after October 23

Resident Fee: \$150

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

**Please Email, Mail or Fax Registration (Credit Card Only).**

Signed Agreement Enclosed  Yes  No

VISA  Mastercard  AMEX Exp. Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code (3 digit number on back of credit card) \_\_\_\_\_

Email Address \_\_\_\_\_

**A service of Georgia Campus – Philadelphia College of Osteopathic Medicine to the profession.**