



Coalition for Physician Enhancement

CPE 2008 Fall Meeting Application Form

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Paid CPE Member?

Yes

No

Fees: CPE Member: \$ 200.00 USD

Non-CPE Member: \$ 250.00 USD

Fees include course participation and materials, 2 breakfasts, nutrition breaks, lunch on September 24th

Optional Expenses:

Dinner September 24th \$ 50.00 USD

Total Fee: _____

Make checks payable to "Albany Medical College - CPE"

Please mail application with check to:

CPE Albany Meeting

Dianne Ives

Academic Coordinator

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For Information about CPE membership,
please visit
<http://www.physicianenhancement.org>