



**CPE 2009 Fall Meeting Application Form
September 24-25, 2009 – Chicago, IL**

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 \$ 60.00 USD

Total Fee: _____

Make checks payable to:

“Coalition for Physician Enhancement” Federal Tax ID number 14-1338310

For Credit Card Payment, please fill out the attached Credit Card Slip Form.

Please mail application with check or credit card slip to:

*Coalition for Physician Enhancement (CPE) Spring Meeting 2009
Office of Vice Dean for Academic Administration
Attention: Dianne Ives
Albany Medical College
47 New Scotland Avenue, MC-34
Albany, NY 12208
Phone: 518-262-5919*

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



Coalition for Physician Enhancement

Albany Medical Center
Credit Card Charge Slip

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Credit Card Number _____

Exp. Date _____

Signature _____

Date Information Processed _____

Authorization Number Obtained _____

Ext# _____

Signature of person processing information _____