



Coalition for Physician Enhancement

CPE 2009 Spring 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 June 4th.

Optional Expenses:

Dinner June 4th \$ 50.00 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 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

For Information on CPE
Membership, please visit:
<http://www.physicianenhancement.org>

Albany Medical Center
Credit Card Charge Slip
Coalition for Physician
Enhancement

Charge Amount _____

Credit Card Information _____

Check one

_____ American Express _____ VISA _____ MASTERCARD _____ DISCOVER

Card Holder Name _____

Card Holder Address _____

Card Holder Telephone Number () _____

Credit Card Number _____

Exp. Date _____

Signature _____

(For office use only)

Date Information Processed

Authorization Number Obtained

Ext#

Signature of person processing information