

Seminar Registration Form

The Podiatry Institute

2675 North Decatur Road, Suite 309

Decatur, GA 30033

770-939-0393

888-833-5682

pi-info@podiatryinstitute.com

The fields on this form can be completed on-line and then printed, or printed and then filled out by hand. After completing the application, promptly fax it to 404-508-8539, or mail it with your check made payable to The Podiatry Institute. Thank you for your order.

Residents - only \$65 for seminars, *with letter* from Residency Director. We must receive a letter by mail with your completed registration form.

Last Name: _____ First Name: _____

Company: _____

Address: Please check if residential address

street _____ suite # _____

city _____ state _____ zip _____

Telephone: _____

E-Mail Address: _____

State License: _____

List all states requiring CME credits

Seminar	Price

TOTAL	
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If paying by charge card:

Cardholder name: _____

Card type: VISA MasterCard Discover American Express

Card number: _____

Expiration date: ____/____
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You will receive a confirmation by mail in 2 weeks. If you do not receive a confirmation, please call us.