

# Cadaver Surgical Skills Course Registration Form

## The Podiatry Institute

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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 to The Podiatry Institute. Thank you for your order.

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

<b>Cadaver Surgical Skills Course</b>	<b>Price</b>

<b>TOTAL</b>	
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### Charge Card Information:

Cardholder name: \_\_\_\_\_

Card type:  VISA  MasterCard  Discover  American Express

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_  
mm/yy

*You will receive a confirmation by mail in 2 weeks. If you do not receive a confirmation, please call us.*