

Cadaver Surgery 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: _____ Cell Phone: _____

E-Mail Address: _____

State License: _____

List all states requiring CME credits

Cadaver Course	Price

TOTAL	
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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.