

REGISTRATION FORM FOR F-SUI COURSE/WORKSHOP

Please fax to: + (727) 341-0121 or e-mail to: ao@baymedical.com

COURSE DATES.....

LOCATION.....

LAST NAME _____ FIRST NAME _____

DEGREE(S) M.D., D.O. OTHER

ACADEMIC TITLE:

RESIDENCY PROGRAM
INSTITUTION..... YEAR OF GRADUATION

THE AMERICAN BOARD-CERTIFIED IN YEAR.....

THE AMERICAN BOARD DIPLOMAT IN Ob/Gyn YEAR.....

OTHER BOARD CERTIFICATE..... YEAR.....

THE FOREIGN SPECIALIST IN..... YEAR.....

TYPE OF PRACTICE.....

ADDRESS.....

PHONE E-MAIL.....

FAX WEBSITE.....

PRACTICE ADDRESS

CONTACT INFORMATION

For more information, please call: (727) 458 6060 6606 or e-mail to: ao@baymedical.com

PRINT YOUR NAME

SIGNATURE

TUITION FEE for 2-Day COURSE/WORKSHOP (16 CME credits) is \$ 3,000 (Three Thousand US Dollars)

INDIVIDUAL 2-Day One-on-One Course/Workshop is Available, Tuition fee will be DETERMINED)

PROKTORSHIP is Available in Your Place (OR), Tuition Fee will be DETERMINED

You can make a payment by:

Certified Bank Check,

Credit Card (see payment authorization form below),

Wire Payment (bank information will be sent upon request).

Make check payable to:

Institute of Gynecology

Mail to:

7001 Central Ave. St. Petersburg, FL 33710, U.S.A.

CREDIT CARD AUTHORIZATION FORM

(Please fax THE FORM back to: (727) 341-0121 or e-mail to: ao@baymedical.com)

CREDIT CARD AUTHORIZATION

I _____ AUTHORIZE MY CREDIT CARD LISTED
BELOW TO BE CHARGED FOR _____

CREDIT CAR TYPE: _____ VISA
_____ AMERICAN EXPRESS
_____ MASTERCARD
_____ DISCOVER

CREDIT CARD NUMBER & PIN _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON THE CARD _____

AUTHORIZED SIGNATURE _____

TELEPHONE NUMBER () _____

ATTACH A LEGI-BLE COPY OF THE FRONT & BACK OF THE CREDIT CARD.

Contact: Institute of Gynecology

Call Mobile: (727)-458-6060 or

e-mail: ao@baymedical.com if you need assistance.