

**UPDATE: PEDIATRIC CARDIOLOGY FOR THE COMMUNITY PHYSICIAN
SATURDAY, SEPTEMBER 26, 2009
BALL AUDITORIUM, JOHN MUIR MEDICAL CENTER, WALNUT CREEK
5.5 HOURS CME**

REGISTRATION FORM

PLEASE SUBMIT REGISTRATION FORM AND PAYMENT BY SEPTEMBER 18, 2009

Last Name (Please print clearly): _____ MD ___ PNP ___ RN

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone: _____ Office Fax: _____

_____ \$75.00 Registration Fee Enclosed. Check # _____ Please make check out to PCMG/JMMC.

Credit Card # (Visa or MC only): _____

Visa ___ or MC ___ Exp. Date: _____ 3 Digit Security Code (on back) _____

What is your primary medical specialty?

_____ Pediatrics _____ Family/General Medicine Other: _____

What would you like for lunch: _____ turkey _____ roast beef _____ ham _____ vegetarian

**PLEASE SEND REGISTRATION FORM AND PAYMENT TO: Emily Kemp, Cardiology, 747 52nd St., Oakland, CA 94609
OR FAX TO EMILY AT 510-428-3381.**

**NOTE: CHECKS WILL NOT BE CASHED UNTIL THE WEEK OF THE CONFERENCE.
LIKewise, CREDIT CARD CHARGES WILL NOT BE GENERATED UNTIL THE WEEK OF THE CONFERENCE.**

YOU WILL RECEIVE A REMINDER/CONFIRMATION BY FAX ON 9/24/09.