

Updates in Podiatric Clinical Education at Barry University School of Podiatric Medicine

WORKSHOP REGISTRATION FORM

January 25, 2020

Name: _____ Professional Title: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-Mail address: _____

LICENSE INFORMATION: STATE _____ LICENSE # _____

REGISTRATION FEE:

Registration (includes breakfast)

FREE



Please indicate any special needs you have: _____

COMMENTS: _____

**YOU MAY COMPLETE AND EMAIL THIS FORM TO
PODIATRYCME@BARRY.EDU**

If you do not receive a confirmation within 48 hours, please contact the Continuing Education office at 305-899-3266/3249 or via e-mail at podiatrycme@barry.edu.