



Cleveland Clinic

COURSE TITLE: ABIM LEARNING SESSION

Course # 011540 (1)

Saturday, June 7, 2008
Lerner Research Institute, Cleveland Clinic
5th Floor Amphitheater
Cleveland, OH

Office Use Only	
Fee	_____
Date	_____
M.O.P.	_____
Cxl/Fee	_____

FEES:

- \$ 25.00 Intensive Review of Internal Medicine Course ABIM certified Attendee
- \$ 125.00 Physician (not attending Intensive Review of Internal Medicine Course)
- \$ 75.00 Cleveland Clinic Physician
- \$ 75.00 Cleveland Clinic Health System Physician

Fee includes “Learner’s Copy” of the ABIM Update in Hospital-Based & Office-Based Internal Medicine Modules, continental breakfast and refreshment break

Space is limited so early registration is recommended.

Payment must be received prior to admittance to the course. Purchase orders are not accepted.

Complete the information below if registering by mail or fax:

(Please print)

Last name _____ First name _____ MI _____ Degree _____
 Address _____
 City _____ State _____ Zip _____
 Phone number _____ Fax number _____
 Specialty _____ Email address: _____

Total amount enclosed or to be charged: \$ _____

Make check payable to: The Cleveland Clinic Educational Foundation

Or charge the following account: Visa MasterCard American Express Discover

Card number: _____ Expiration date _____

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Signature _____ (not valid without signature)

Fax number: 216/445-9406

Mailing address: The Cleveland Clinic Educational Foundation
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Cleveland, OH 44193-1082