

REGISTRATION for ONSITE CONFERENCE (please print legibly or type)

Name & Title _____

Street Address or PO Box _____

City / State / Zip code _____

Daytime phone (____) _____

Email address _____

	Received before August 1	Received after August 1 (and by September 20)
Review course for a Physician Assistant	\$475	\$525
Review course for a PA <i>Student</i> (Documentation of student status required)	\$375	\$425
Review Course for Emory Alumni or Active Military	\$400	\$450
<i>Optional</i> PDA Course	\$75	\$75
Your Total (please complete)		

If Emory PA alumni, indicate year of graduation _____

If vegetarian entrée desired for lunches, please indicate here ____ (yes)

The full review course includes 4 days buffet lunch and DVD version of the Fall, 2007 conference.

Method of payment

___ check ___ money order ___ credit card (please complete below)

[] VISA [] MASTERCARD

Card # _____ Exp _____

Signature (required to process Card payment) _____

Please mail or fax your completed registration form with payment to:

Emory University Physician Assistant Program

Attn: Barbara Jones

1462 Clifton Road, Suite 280

Atlanta, GA 30322-1064

Fax: 404.727.7836

Phone: 404.727.7827