

REGISTRATION FOR COURSE/WORKSHOP

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

COURSE DATE/S REQUESTED(PLEASE PRINT)

LOCATION.....

LAST NAME _____

FIRST NAME _____ INITIAL _____

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

RESIDENCY PROGRAM: INSTITUTION.....

YEAR OF GRADUATION

THE AMERICAN BOARD ELIGIBLE..... YEAR.....

THE AMERICAN BOARD CERTIFIED IN YEAR.....

THE FOREIGN SPECIALIST IN.....

YEAR OF BOARD CERTIFICATION

TYPE OF PRACTICE.....

ADDRESS.....

PHONE

E-MAIL ADDRESS..... FAX

WEBSITE ADDRESS.....

CONTACT INFORMATION:

Please call: (727) 458 6060 6606 or e-mail to: ao@baymedical.com

TUITION FEE for
3-Day COURSE/WORKSHOP
is

\$ 8,000 (eight thousand) - 36 CME credits

INDIVIDUAL 3-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 send upon request).**

Make check payable to: The Institute of Gynecology, Inc.

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)

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 LEGIBLE COPY OF THE FRONT & BACK THE YOUR CREDIT CARD.

Contact the Institute of Gynecology, Inc. call mobile: (727) 458-6060 or office:
(727) 343-6606 and ask for Farshad Bagheri (Administrator) or
e-mail: ao@baymedical.com, if you need assistance.