

REGISTRATION FORM

**TUTORIAL ON PATHOLOGY OF THE GI TRACT, PANCREAS AND LIVER
WESTIN DIPLOMAT RESORT & SPA at HOLLYWOOD, FLORIDA
November 15th - November 19th, 2010**

I wish to register for the Tutorial on Pathology of the GI Tract, Pancreas and Liver. Enclosed is my check for \$1,200 for the course fee. Make checks payable in U.S. currency to the WMC/Tutorial. **Checks must be drawn on a U.S. bank.**

Registration post-marked after October 1, 2010 is \$1,300.

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|-------------------------------|---|
| NAME <i>(Please Print)</i> | E-mail |
| INSTITUTION | TEL. (Office) (Home) |
| DEPARTMENT | FAX |
| ADDRESS | CITY/STATE ZIP |

PLEASE CHECK HERE IF THE ABOVE IS A HOME ADDRESS

Please return this form via fax to:
Ms. Jessica Pfeifer Fax (212) 746-8192
Weill Cornell Medical College
Department of Pathology and Laboratory Medicine, Box 69
1300 York Avenue, New York, NY 10065

No refunds will be made after October 15, 2010, no exceptions.

PLEASE FAX TO 212-746-8192

Credit Card Payment:
Visa – Mastercard – American Express

| <u>CREDIT CARD</u> | <u>CARD HOLDER NAME</u> | <u>CREDIT CARD NUMBER</u> | <u>AMOUNT</u> | <u>EXP. DATE</u> |
|--|-------------------------|---------------------------|--------------------------|------------------|
| VISA MASTERCARD AMERICAN EXPRESS (CIRCLE ONE) | | | <u>\$1,300.00</u> | |

I hereby authorize Weill Cornell Medical College to charge my credit card in the amount indicated above for the November 15th – November 19th, 2010 Pathology of the GI Tract, Pancreas and Liver.

Card Holder's Signature