

**2ND ANNUAL PAPANICOLAOU TUTORIAL ON DIAGNOSTIC CYTOPATHOLOGY
WEILL CORNELL MEDICAL COLLEGE
JULY 28 – JULY 29, 2011**

I wish to register for the Tutorial on Diagnostic Cytopathology. Enclosed is my check for \$350 for the course fee (cytotechnologists/residents/fellows). Make checks payable in U.S. currency to the WMC/Tutorial on Diagnostic Cytopathology. **Checks must be drawn on a U.S. bank.**

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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

PLEASE FAX TO 212-746-8192

Credit Card Payment:
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VISA MASTERCARD AMERICAN EXPRESS (CIRCLE ONE)			\$350.00	

I hereby authorize Weill Cornell Medical College to charge my credit card in the amount indicated above for the July 28 – July 29, 2011 2nd Annual Papanicolaou Tutorial on Diagnostic Cytopathology.

Card Holder's Signature