

**3RD ANNUAL PAPANICOLAOU TUTORIAL ON DIAGNOSTIC CYTOPATHOLOGY**  
**WEILL CORNELL MEDICAL COLLEGE**  
**JULY 26 – JULY 27, 2012**

☐ I wish to register for the 3rd Annual Papanicolaou Tutorial on Diagnostic Cytopathology. Enclosed is my check for \$650 for the course fee. Make checks payable in U.S. currency to the WMC/Tutorial on Diagnostic Cytopathology. **Checks must be drawn on a U.S. bank.**

<u>NAME</u> <i>(Please Print)</i>	<u>E-mail</u>
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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**

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VISA MASTERCARD AMERICAN EXPRESS (CIRCLE ONE)			<b><u>\$650.00</u></b>	

I hereby authorize Weill Cornell Medical College to charge my credit card in the amount indicated above for the July 26 – July 27, 2012 3rd Annual Papanicolaou Tutorial on Diagnostic Cytopathology.

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*Card Holder's Signature*