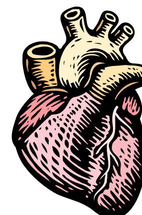

Cleveland Clinic

COURSE TITLE: Cardiovascular CT Training Program **Course # 020476**

2008 Course Dates: *(please circle date(s))*		
	March 14-21	August 15-22
	April 18-25	September 19-26
	May 9-16	October 24-31
	June 13-20	November 14-21

Office Use Only
Fee ________________
Date ________________
M.O.P. ______________
Cxl/Fee ______________

FEES:

- ☐ $10,000 Physician
- ☐ $ 6,000 Cleveland Clinic Alumnus

Fee includes: syllabus, continental breakfast, refreshment breaks
Payment must be received prior to admittance to the course. Purchase orders are not accepted.

Complete the information below if registering by mail or fax:
(Please print)

Last name ________________________ First name______________________ MI___Degree_____
Address ____
City ________________________________ State_____________________ Zip______________
Phone number ________________________ Fax number ________________________________
Specialty______________________________ Email address:_________________________________

Total amount enclosed or to be charged: **$**__________

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