**Updates in Podiatric Clinical Education at Barry University School of Podiatric Medicine**

**WORKSHOP REGISTRATION FORM**

January 27, 2018

Name: Professional Title:

Address:

City, State, Zip:

Phone: ( )

Fax: ( )

E-Mail address:

LICENSE INFORMATION:STATE \_\_\_\_\_\_\_\_\_\_\_\_ LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEE:**

**Registration** (includes breakfast) FREE

MC900229829[1] Please indicate any special needs you have:

**COMMENTS:**

**YOU MAY COMPLETE AND EMAIL THIS FORM TO** [**PODIATRYCME@BARRY.EDU**](mailto:PODIATRYCME@BARRY.EDU)

**If you do not receive a confirmation within 48 hours, please contact the CME office at 305-899-3266/3249 or via e-mail at** [**podiatrycme@barry.edu**](mailto:podiatrycme@barry.edu)**.**