

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

WORKSHOP REGISTRATION FORM

August 24, 2024

Name: _____ Professional Title: _____

Address: _____

City, State, Zip: _____


Phone: (_____) _____

Fax: (_____) _____

E-Mail address: _____

LICENSE INFORMATION: STATE _____ LICENSE # _____

REGISTRATION FEE: _____ **FREE**

 Please indicate any special needs you have: _____

COMMENTS: _____

**YOU MAY COMPLETE AND EMAIL THIS FORM TO
PODIATRYCME@BARRY.EDU**

If you do not receive a confirmation within 48 hours, please contact the Continuing Education office at 305-899-3266 or via e-mail at podiatrycme@barry.edu.