



# Print Registration Form

**10% early registration discount\***

\*For registration 30 days prior to your program.

## Series

Note month, year, and location

|  |        |  |
|--|--------|--|
| Prescribing Practices                        | \$1549 |  |
| Record Keeping                               | \$1049 |  |
| Pain Management                              | \$600  |  |
| Practical Medical Ethics and Professionalism | \$1849 |  |
| 7 Night Alaskan Explorer (course fee only)   | \$900  |  |

Enter Promotional Discount Code:

## Participant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Circle Licensure:  MD  DO  DPM  DDS  DCh  PA  RN  LVN  RPh  Clin.Psych.  Other \_\_\_\_\_

Organization/affiliation, if any: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for taking program(s): \_\_\_\_\_

How did you hear about program(s)? \_\_\_\_\_

## Instructions

Print and complete this form. Send to our address with your check for the programs you selected. Make your check out to the "Western Institute of Legal Medicine." Please note, your registration is not complete and we cannot hold room space for you until your check is received. For group discounts, you must register by telephone: (650) 212-4904

**Mail completed form to:**

Western Institute of Legal Medicine  
1700 South El Camino Real, Suite 408  
San Mateo, CA 94402