

# KAUFMAN COURSE

## COURSE REGISTRATION ♦ 2018

Name: _____	Degree: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
E-mail: _____	Cell: _____

Please charge my:    ☐ Visa                      ☐ Mastercard                      ☐ American Express

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

### **CERTIFICATION COURSE**

☐ Clinical Neurology and Psychiatry for Psychiatrists  
July 27-31, 2018

*Practicing  
Physicians*

*Residents/Fellows*

☐ \$1500.00

☐ \$1200.00

**\*Includes a copy of the Clinical Neurology for Psychiatrists 8<sup>th</sup> Edition. The textbook is mailed prior to course.**

### **Miscellaneous Items**

- ☐ Do not send Dr. Kaufman's textbook - please deduct \$115.00 from tuition cost.
- ☐ Clinical Neurology Text Book Only - No Course (\$135.00 which includes shipping)



**Fax to: 718-798-2336    Tel: 718-920-6674**  
Questions to Nada M. Piacentino at [npiacent@montefiore.org](mailto:npiacent@montefiore.org)