The Kaufman Course

Registration Form – 2027 Course

Registration fee MUST accompany registration form. The fee includes registration, breakfast, coffee breaks, three syllabi and the *Kaufman's Clinical Neurology for Psychiatrists* textbook. The book will be mailed to participants who register at least one month prior to the course.

	Practicing Physicians	Residents/Fellows
July 30 – August 3, 2027	❑ $1,850.00	❑ $1,450.00

Name_____ Degree_____

Affiliation _____

Mailing Address_____

City_____ State_____ Zip_____

Daytime Phone_____ E-mail(required)_____

(E-mail used for registration confirmation and course communication)

Make checks payable to "Montefiore Medical Center"

Mailing Address:
Montefiore Medical Center
Attn: CME Office, 3308 Rochambeau Avenue, Bronx, NY 10467

Charge my:

❑ Visa ❑ MC ❑ Amex

Card #_____ CVV/CSC____ Expiration Date____

Name of the Card Holder _____

Signature_____ Date_____

Group Discount Available

Call or email the office: 718-920-6674 or E-mail cme@montefiore.org
Group discounts are not retroactive.

CANCELLATION POLICY

Request for refunds MUST be received in writing by June 30, 2027, and will be subject to an administration fee of $200.00.
NO REFUNDS WILL BE PROCESSED AFTER THIS DATE

ENROLLMENT IS LIMITED