



For advanced FCT students:

**Intensive Post-Graduate Course in Patient Management
by Savely Yurkovsky, MD**

REGISTRATION FORM

PLEASE PRINT CLEARLY

Name _____ Degree _____

Address _____

Phone# _____ Fax# _____

Email _____

SEMINAR INFORMATION:

WHEN: October 17-18, 2009 (Saturday 10am-6pm; Sunday, 9am-5pm)

WHERE: Crowne Plaza • 66 Hale Avenue • White Plains, N.Y. 10601 • Phone: (914) 821-1336

Book the Group Rate of \$119.00 under FCT directly through the hotel before the rate's deadline of September 26th, 2009. Refer to the manager, Mr. Vincent Waters, if any problems.

Fee: \$ 395

Mode of Payment: _____ Check (Made out to "SYY IHS, Ltd.")

_____ Credit Card: _____ Visa _____ M/C _____ Am. Express

Card Number: _____ Exp. Date: _____

Name on Card _____

All registrations MUST BE MADE IN ADVANCE and early registration is recommended due to limited seating capacity.

How did you hear about this seminar? _____

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