



**National Tropical Botanical Garden and
Florida Medical Association
PHYSICIANS' COURSE
February 11-13, 2010**

APPLICATION

Applicant Name: _____

Current Mailing Address: _____

Permanent Mailing Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Employed

Self-Employed

Retired

Length of Employment: _____

Area of Specialty: _____

Title: _____

Professional Organization Membership: _____

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida Medical Association and the National Tropical Botanical Garden. The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Florida Medical Association designates this educational activity for a maximum of twelve and one-half (12.5) AMA PRA Category 1 Credits.[™] Physicians should only claim credit commensurate with the extent of their participation in the activity.

COURSE FEES: \$400.00

[covers tuition, materials & supplies, and meals*]

***Friday, 2/13 dinner on your own**

**(Please call for information on accommodations at The Kampong
for those traveling from outside of South Florida)**

Enclosed is my check in the amount of \$ _____, payable to The Kampong

Please charge my credit card in the amount of \$ _____ Visa _____ MasterCard

Card # _____ Exp. Date _____ Signature _____

MAIL COMPLETED APPLICATION AND PAYMENT TO:

NTBG Florida Physicians' Course

c/o Iliana Leon

The Kampong of the NTBG

4013 S. Douglas Road

Coconut Grove, FL 33133

For further information, please contact:

The Kampong:

Iliana Leon ileon@ntbg.org

(305) 442-7169; Fax (305) 442-2925

Website: kampong.ntbg.org