



Michigan Association of Physicians of Indian Origin

Golf CME Registration form

Register by Credit Card

VISA MASTERCARD AMERICAN EXPRESS

Expiration Date: _____

Credit Card Number: _____

Name on card: _____

Signature: _____

Register by fax

Fax form to 248-539-3638

Register by mail

28230 Orchard Lake Road

Suite 203

Farmington Hills MI 48334

Register Online

www.mapiusa.org

More Information

www.mapiusa.org/golf