

**STANFORD ANATOMY COURSE  
REGISTRATION FORM**

**Registration Fee:**

**\$450.00** for DOs/Students

Registration Fee includes CME (anticipated)

Name: (Print) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

AOA #:(If Applicable) \_\_\_\_\_

**Students**

School Attending: \_\_\_\_\_

Yrs. In Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**Introductory Courses Taken:**

Location Yr. \_\_\_\_\_

Location Yr. \_\_\_\_\_

**PAYMENT OPTIONS**

**To register, please call, email, or fax registration information and payment to Taryn Blackman.**

**Phone: 415-921-1446 / Fax: 1-415-921-0215 / Email: [Upstairs1956@gmail.com](mailto:Upstairs1956@gmail.com)**

**Make Checks payable to PGIO & Mail to the address below.**

**Post Graduate Institute for Osteopathy  
1956 Union Street, San Francisco, CA 94123**

Please return form with payment no later than April 1, 2024. Space is limited so register as soon as possible.