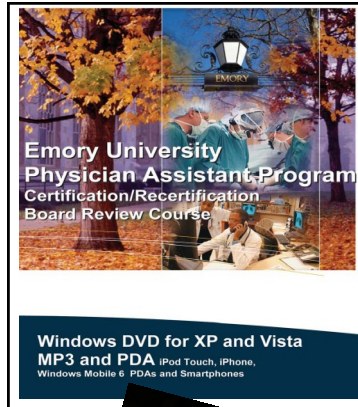


Emory PA Board Review in Atlanta, at Home, on the Go

Come to Atlanta for the 19th annual Emory Board Review Conference Sept 29 – Oct 3, 2009 at the Holiday Inn Decatur Conference Center, just minutes from restaurants, mass transit rail, and Emory. This year will feature new talks on test-taking skills and 35 hours AAPA Category 1 CME.

Also new this year: lunchtime quiz game sessions, and a unique heart sounds review with a professional drummer.

Registration includes a published syllabus, DVD set detailed on the right, full lunches and breaks. The registration is \$475 for all 35 hours before 9/1/09. There is a \$75 discount for Emory alumni and active military. \$100 discount for students
For more details visit our website www.EmoryPA.org then go to Board Review for all the details.



Board Review Home Study DVD
New this year is the Mac, Windows, **iPhone, iPod Touch** and Windows PDA version. The conference was filmed live September 2008 and placed in an interactive format for easy review. This includes a practice test with answers and a CME test for 30 hours of AAPA Category 1 CME

Requirements— Mac or Windows XP/Vista PC with a DVD player. Windows version requires the free IE6+ and Windows media player. Mac version requires Flash video, Safari or Firefox. The DVD plays only in computer DVD players and contains all the video and MP3 audio files for use on an iPod Touch, iPhone, Windows Mobile 6 PDA, or other audio player.

The price is \$350. There is a \$50 discount for Emory alumni and active military. Student version (no CME) is \$150 . Call for school or group discounts

Conference Registration or DVD order form

Name: _____

Address _____

City/State /Zip: _____

Email : _____

Daytime Phone: _____

PA Program, if student: _____

Please circle choice

	Prior to 9/1/09	After
Live Conference 9/29/09	\$475	\$525
If Alumni or Military	\$400	\$450
Student	\$375	\$425
Home Study DVD set	\$350	
If Alumni or Military	\$300	
Student (no CME)	\$150	
Circle Windows or Mac version		

Total Payment _____

Visa/MC #: _____

Exp Date (mm/YY) _____

Signature : _____

**Mail or fax form with check, credit card, or money order payable to:
EMORY UNIVERSITY PHYSICIAN ASSISTANT PROGRAM**

**Attn: Barbara Jones
1462 CLIFTON ROAD, SUITE 280
ATLANTA, GA 30322-1064
Phone: (404) 727- 7827
Fax: (404) 727- 7836**

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