



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

Activity Name: _____

Date: _____

CME Attendee Sign-In

	Name	E-Mail	Mailing Address	Taking for CME Credit (Y/N)	APPNA Member (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



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Activity Name: _____

Date: _____

CME Attendee Sign-In

	Name	E-Mail	Mailing Address	Taking for CME Credit (Y/N)	APPNA Member (Y/N)
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

Activity Name: _____

Date: _____

CME Attendee Sign-In

	Name	E-Mail	Mailing Address	Taking for CME Credit (Y/N)	APPNA Member (Y/N)
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					



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Activity Name: _____

Date: _____

CME Attendee Sign-In

	Name	E-Mail	Mailing Address	Taking for CME Credit (Y/N)	APPNA Member (Y/N)
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					



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Activity Name: _____

Date: _____

CME Attendee Sign-In

	Name	E-Mail	Mailing Address	Taking for CME Credit (Y/N)	APPNA Member (Y/N)
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					