

**Registration for  
CME-Course *Consultation-Liaison-Psychiatry and Psychosomatics*  
in Berlin**

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Please FAX your registration to:

**Fax: 004930 5472 2913**

Please mark correspondingly:

- I would like to register for the English Language CME-Course *Consultation-Liaison-Psychiatry and Psychosomatics* October 20 – October 22, 2011.
- I am not able to participate, please put me on your mail list.

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*Date*

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*Signature*

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