



2009 Application for Discount COPIC-Insured Physicians

Through a generous donation from COPIC Insurance Company, CPEP is able to offer a reduced registration fee to seminar participants who are insured by COPIC. If you are enrolling in the CPEP *Patient Care Documentation Seminar* (Seminar) and COPIC provides your malpractice insurance, please complete the following:

Name: _____

Address: _____

Phone: _____ Facsimile: _____

E-mail: _____

ERS POINTS

____ **YES**, I would like two (2) ERS points to reflect my attendance at CPEP's *Patient Care Documentation Seminar*, held on _____ (date of attendance)

____ **NO**, I do not wish to receive ERS points for this event.

As a COPIC-insured physician, I, _____ (print name) authorize CPEP to communicate with COPIC any and all information necessary for COPIC to issue ERS points to me for my attendance at the *Patient Care Documentation Seminar*. This Release shall authorize ex-parte communications between CPEP and its employees, agents, and consultants, and the individual(s) and COPIC and its employees, agents, and consultant and shall be effective for twelve (12) months from the date of my signature below.

Your registration fee is \$450.00 when accompanied by this completed form, and the Seminar Registration form. Both forms and the registration fee must be received *prior to your attendance at the Seminar*.

INSURANCE VERIFICATION

I attest by my signature below that my malpractice insurance is currently provided by COPIC Insurance Company.

Signature

Date