

Urology Oral Board Prep.com Registration

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

(This is the way we will contact you prior to the course.)

Cell Phone: _____

(This is the way we will contact you directly during the course.)

Please email us to inquire about any special scheduling requests.

info@UrologyOralBoardPrep.com

Urology Oral Board Prep.com
414 N Camden Dr Suite 650
Beverly Hills, CA 90210

1. Circle One:

Course and Flashcards \$1650

Course Only \$1500

Flashcards Only \$300

Payable in US Dollars Only

2. FORMAT please circle one:

In-person, on-site at the Grand Hyatt Hotel, Dallas

Virtual