



Center for Obstetrics and Gynecology Simulation
Program Development Course
2012 Registration Form

Contact Person: _____ Hospital: _____

Title: _____ E-mail Address: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Participants:

Name/Dept.: _____ Title: _____

Name/Dept.: _____ Title: _____

Name/Dept.: _____ Title: _____

Name/Dept.: _____ Title: _____

Name/Dept.: _____ Title: _____

Name/Dept.: _____ Title: _____

Please contact Deb Trommer at (585) 275-9306 for course dates.

Course Fee: \$800.00

Please return form via mail, e-mail, or fax to:
University of Rochester Medical Center
Attn: Deb Trommer
Center for Obstetrics and Gynecology Simulation
601 Elmwood Avenue, Box 668
Rochester, NY 14642
OB_Simulation@urmc.rochester.edu
Fax: 585-276-2080

A confirmation will be sent to contact person once availability is confirmed. Please make check or money order payable to the "Center for Obstetrics and Gynecology Simulation" and send to the above address no later than 2 weeks after confirmation is received.

How did you hear about us?

_____ Direct Mailing _____ Peri-FACTS® _____ Colleague/Co-worker _____ Internet _____ E-mail