



UC Davis Health System
 Office of Continuing Medical Education (OCME), **Grand Rounds Division**
 3560 Business Drive, Suite 130, Sacramento, CA 95820
 (916) 734-5390 phone (916) 734-0776 fax

This form is for Regularly Scheduled Conferences (Grand Rounds) or Teleconferences.

REGISTRATION FORM

THIS IS A ONE-TIME REGISTRATION FORM. PLEASE COMPLETE IT AGAIN ONLY IF YOUR ADDRESS OR OTHER INFORMATION HAS CHANGED. Send completed form to OCME.

AFFILIATION UCSF UCDHS KAISER OTHER _____

NAME: _____ Last 4 digits of your SSN#: _____
 (For transcript purposes)

MAILING ADDRESS: _____
 (address you would like us to mail your complimentary annual transcript)

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DEPT/DIV: _____

Email address: _____

APPOINTMENT: (CHECK ONE)

- FACULTY
- VOLUNTEER FACULTY
- PCN FACULTY
- Medical Student
- CLINICAL FACULTY
- SOM ALUMNI
- Resident
- OTHER _____

OCCUPATION:

- MD or DO need specialty _____
- NP RN MSW/LCSW
- TECH CRNA OPTOMETRIST
- PA RD Other _____

Revised 4/3/2007



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