☐ Add me to your list ☐ Take me off your list ☐ Here's my new address

Add Me To Your Mailing List

Name _____
FIRST MIDDLE LAST

Social Security Number (last four digits only) _____

Title _____

Address: ☐Home or ☐Work

Street _____

City _____ State _____ Zip Code _____

Phone: ☐Home or ☐Work _____

Agency _____

Check your areas of interest:

☐ Cancer Treatment
☐ Cardiac
☐ Clerical
☐ Emergency
☐ General Nursing
☐ Hemodialysis
☐ Home Health
☐ Intensive Care
☐ Laboratory
☐ Management
☐ Medical/Surgical
☐ Medical Records/Coding
☐ Mental Health
☐ OB/Peds/Neonatal
☐ Physical/Occupational Rehab
☐ Radiology
☐ Respiratory Care
☐ Social Work
☐ Speech/Hearing
☐ Substance Abuse
☐ Other _____

☐ New conference suggestions (items or topics you would like to see addressed), or additional information:

_____
_____
_____
_____
_____

We will send you specific announcements as they become available, usually 6 weeks before the event. For more information on conferences or courses go to ***http://www.mgh.org/97conf.html****. Highlighted conference/course headings can be selected for further information.*

☐ **ADDRESS CHANGE**

OLD:

Name _____
Soc. Sec. No. (last 4 digits only)_____
Agency _____
Street _____
City _____
State/Zip Code _____

NEW:

Name _____
Soc. Sec. No. (last 4 digits only)_____
Agency _____
Street _____
City _____
State/Zip Code _____

Print and mail to: Darlene McCollum • Education Department • Marquette General Hospital • 580 W. College Avenue • Marquette, MI 49855 or send via email to: dmccollom@mgh.org