

Date Reservation Form

Please list three (3) possible survey dates (Tuesday, Wednesday, or Thursday):

1. _____

2. _____

3. _____

Hospital/ Organization: _____

Contact Name: _____

Please return no later than October 15, 2008 to:

Cynthia Rambo, BA
Director of CME
Nevada State Medical Association
3660 Baker Lane #101
Reno, NV 89509
Voice: 775-825-6788
Voice: 702-798-6711
Fax: 1-800-719-1930