

REGISTRATION FORM PART II

**NEW MANAGERS' TRAINING PROGRAM
JANUARY 27 – 29, 2005
LOEWS VANDERBILT HOTEL – NASHVILLE, TENNESSEE**

Name: _____

Where do you work?

- Basic Sciences Department
- Clinical Sciences Department
- Dean's Office
- Other

Please Explain: _____

Please identify a major concern in your office or a question or topic you would like to address at this meeting:

Are you interested in receiving CPE credit? _____ Yes _____ No

Please send to:

**Debra K. Hollins, Meetings Registrar
Association of American Medical Colleges
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Washington, DC 20037-1127
Telephone: (202) 828-0671/Fax: (202) 862-6160
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