



FACULTY INFORMATION FORM

General Information (Please print or type)

Name _____

Academic or Professional Title _____

Organization _____

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Website _____ Patient Referral Telephone _____

A. Minimum Honorarium: \$ any amount I will consider all requests \$ _____

B. Please list lectures you would like to be considered for (e-mail or attach a complete list if more space is needed):

1. _____
2. _____
3. _____
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6. _____
7. _____

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