

**Small Practice Focus Group
Registration Fax Back Form**

Name: _____

Address: _____

Specialty: _____

Email: _____

Phone #: _____

Please select one and fax to 518-427-1991:

Check one	Borough/Date	Address
	Brooklyn Monday July 18, 2016 6:30 – 8:30 pm	Medical Society of the County of Kings 480 77th Street Brooklyn, NY 11209
	Staten Island Thursday, July 21, 2016 6:30 – 8:30 pm	Regina M. McGinn Education Center 475 Seaview Avenue – 2 nd Floor SI, NY 10305
	Queens Tuesday, July 26, 2016 6:30 – 8:30 pm	Medical Society of the County of Queens 112-25 Queens Boulevard, 4 th . Floor Forest Hills, NY 11375
	Manhattan Wednesday, July 27, 2016 6:00 – 8:00 pm	New York County Medical Society 31 West 34 Street, Ste. 7053 New York, NY 10001
	Bronx Thursday, July 28, 2016 6:30 – 8:30 pm	SBH Health System Braker Board Room/Braker Building 4422 Third Ave (enter via 182nd St on Third Ave) Bronx, NY 10457

Please fax back to Lisa Noel at 518-427-1991 or email to lnoel@nyacp.org