Wednesday, September 16, 2015

*The NYACP Medical Student Committee is excited to invite your program to participate in:*

**Internal Medicine Residency Fair**

**NYU School of Medicine**

**550 First Avenue**

**New York, NY 10016**

**(Farkas Auditorium)**

\_\_\_\_\_ My hospital program is interested in sitting on the panel for IM Residency Fair

\_\_\_\_\_ My hospital program is interested in having a table at the Fair to exhibit our program

*($50 fee – to be billed following the program or send in credit card information below)*

**6:00 – 6:45 pm Registration and Hospital Residency Fair**

**6:45 – 7:15 pm Panel Discussion**

**7:15 – 8:00 pm Residency Fair and refreshments**

**Registration Form**

**Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment:** I have enclosed a check for $50 made payable to NYACP to register to display at the IM Residency Fair. Mail form and check to: NYACP, 744 Broadway, Albany, NY 12207 or Fax form to 518-427-1991**.**

**Please charge my Credit Card $50 program display fee.**

**\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_ Master Card \_\_\_ Discover**

**Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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For more information or to register your program please contact: Karen Tucker at 518-427-0366 ([ktucker@nyacp.org](mailto:ktucker@nyacp.org)) or fax the form to 518-427-1991