CHIEF RESIDENTS LEADERSHIP CONFERENCE 52nd ANNUAL TARRYTOWN MEETING MAY 30 - JUNE 1, 2025

www.chiefresidentsleadership.com

INSTITUTION INFORMATION

NAME:	ACADEMIC PROG	RAM:		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	FAX:			
CHAIR:	EMAIL:	PHONE:		
TRAINING DIRECTOR:	EMAIL:	PHONE:		
COORDINATOR:	EMAIL:	PHONE:		
PARTICIPA	NT INFORMATION (Please comp	lete one for each participan	t)	
LAST NAME:	FIRST NAME:	DEG	DEGREE:	
GENDER:	NAME FOR BADGE:			
ADDRESS:	CITY <u>:</u>	STATE:	ZIP:	
PHONE:	CELL:			
INSTITUTIONAL EMAIL:	PERSONAL EMAIL:			
EMERGENCY CONTACT NAME:	CONTACT#:	RELATIONSHIP:		
PLEASE NOTE ANY SPECIAL REQUE	STS:			
DIETARY RESTRICTIONS:				
FRIDAY-SUNDAY (May 30-June 1) *** OPTIONAL THURSDAY ARRIVA Select for early arrival REGISTRATION POLICY: ADVANCED R REGISTRATION. COPY OF PURCHASE OF A \$500 FEE. NO REFUNDS AFTER MAY PAYMENT OPTIONS: TO PAY WITH CR	AL: May 29, 2025- BED AND BREAM REGISTRATION IS REQUIRED. PAYMEN ORDER/CHECK REQUEST WILL HOLD S 7 1, 2025.	UNCH SUNDAY (FAST (ADDITIONAL): TOTAL DUE T IN FULL IS RECOMMENDED A	\$2,425.00 \$ 285.00	
PAYMENT OPTIONS: TO PAY WITH CR CALL: PHONE 1-347-978-2637 OR FAX EMAIL: LYNDA GUAGENTI Iguagent@ PAYMENT BY MAIL: MAKE CHECK PAYABLE TO: DEPARTME CHIEF RESIDENTS' LEADERSHIP CONFE 111 EAST 210th STREET, BRONX, NY 10 PLEASE CHARGE TO MY: (check or	TO: 1-718-798-1816 with credit card in the commentary in the card	mation DF PSYCHIATRY, MONTEFIORE N	IEDICAL CENTER, DISCOVER	
CARD NUMBER		EXP DATE		
BILLING ZIP	SIGNATURE			