CHIEF RESIDENTS LEADERSHIP CONFERENCE 51st ANNUAL TARRYTOWN MEETING MAY 31 - JUNE 2, 2024

www.chiefresidentsleadership.com

INSTITUTION INFORMATION

	ACADEMIC PROGR	AIVI:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	FAX:		
CHAIR:	EMAIL:	PHONE:	
TRAINING DIRECTOR:	EMAIL:	PHONE:	
COORDINATOR:	EMAIL:	PHONE:	
PARTICIPANT	INFORMATION (Please comple	ete one for each partici	pant)
LAST NAME:	FIRST NAME:	DEGREE:	
GENDER:	NAME FOR BADGE:		
ADDRESS:	CITY <u>:</u>	STATE:	ZIP:
PHONE:	CELL:		
INSTITUTIONAL EMAIL:		EMAIL:	
EMERGENCY CONTACT NAME:	CONTACT#:	CONTACT#:RELATIONSHIP:	
PLEASE NOTE ANY SPECIAL REQUESTS	S:		
CONFERENCE FEE:	INCLUDES TUITION/HOTE	L/MEALS (All Incl	usive):
CONFERENCE FEE: FRIDAY-SUNDAY (May 31-June 2) -FR *** OPTIONAL THURSDAY ARRIVAL: Select for early arrival BALANCE DUE	May 30, 2024- BED AND BREAK	JNCH SUNDAY FAST (ADDITIONAL): TOTAL DUE PAID TODA	\$2,309.00 \$ 275.00
CONFERENCE FEE: FRIDAY-SUNDAY (May 31-June 2) -FR *** OPTIONAL THURSDAY ARRIVAL: Select for early arrival	ROM LUNCH FRIDAY THROUGH LUMAY 30, 2024- BED AND BREAKE STRATION IS REQUIRED. PAYMENT DER/CHECK REQUEST WILL HOLD SPO24. DIT CARD (Preferred) D: 1-718-798-1816 with credit card in contefiore.org with credit card information of PSYCHIATRY ENCE, c/o LYNDA GUAGENTI, DEPT. OF	TOTAL DUE PAID TODA IN FULL IS RECOMMEND ACE FOR 30 DAYS. REFUI formation ation PSYCHIATRY, MONTEFIO	
CONFERENCE FEE: FRIDAY-SUNDAY (May 31-June 2) -FR *** OPTIONAL THURSDAY ARRIVAL: Select for early arrival BALANCE DUE REGISTRATION POLICY: ADVANCED REG REGISTRATION. COPY OF PURCHASE OR \$500 FEE. NO REFUNDS AFTER MAY 1, 2 PAYMENT OPTIONS: TO PAY WITH CRED CALL: PHONE 1-347-978-2637 OR FAX TO EMAIL: LYNDA GUAGENTI lguagent@m. PAYMENT BY MAIL: MAKE CHECK PAYABLE TO: DEPARTMENT CHIEF RESIDENTS' LEADERSHIP CONFERE 111 EAST 210th STREET, BRONX, NY 1046	ROM LUNCH FRIDAY THROUGH LUMAY 30, 2024- BED AND BREAKE STRATION IS REQUIRED. PAYMENT DER/CHECK REQUEST WILL HOLD SPO24. DIT CARD (Preferred) D: 1-718-798-1816 with credit card in contefiore.org with credit card information of PSYCHIATRY ENCE, c/o LYNDA GUAGENTI, DEPT. OF	TOTAL DUE PAID TODA IN FULL IS RECOMMEND ACE FOR 30 DAYS. REFUI formation ation PSYCHIATRY, MONTEFIO	ED AT TIME OF NDS ARE SUBJECT TO A