



2017 Mini-Internship Program

Name:

Specialty:

Email

In addition to yourself, please provide a contact person who can answer questions about the logistics of your schedule (i.e. administrator):

Contact Name:

Tel:

Email

Yes, I would like to participate in the 2017 Mini-Internship Program

I am available on the following days/times (Note: only one 1/2 day is required to participate.)

Tuesday, Oct. 24th A.M. P.M.

Anticipated Activity(i.e. surgery, office visits, rounds)

Wednesday, Oct. 25th A.M. P.M.

Anticipated Activity(i.e. surgery, office visits, rounds)

Please RSVP by August 21, 2017!

Questions? Call 216-520-1000 or email: abell@amcno.org

Please plan to attend the orientation meeting on **Monday, Oct. 23rd** and the debriefing dinner on **Wednesday, Oct. 25th, 2017** (details for both to follow)