



Journal Club Registration Form

At the beginning of each journal club year, email this registration information to the CDHM office at registrar@cdhm.info

Journal Club Name:	
Journal Club Purpose:	
Contact Person Name: _____	
Phone number and Email: _____	
I (contact person name), _____ give permission to the CDHM staff to provide this contact person to potential journal club members.	
Signed _____ Date _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
Format	
Number of Meetings Per Year	
Length of Meeting (approximate hours per session)	
Location of Meetings e.g. Skype, in person, teleconference (list all that apply)	
Proposed Topics (minimum of 3 per year)	
Membership	
Accepting New Members?	YES <input type="checkbox"/> NO <input type="checkbox"/>