



Study Club Registration Form

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

Study Club Name:	
Study Club Purpose:	
Brief Description: <input type="checkbox"/> Clinical <input type="checkbox"/> Lectures <input type="checkbox"/> Both	
Contact Person Name: _____ Phone number and Email: _____	
I (contact person name), _____ give permission to the CDHM staff to provide this contact person to potential study 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 calls (list all that apply)	
Proposed Topics (minimum of 3 per year)	
Membership	
Accepting New Members?	YES <input type="checkbox"/> NO <input type="checkbox"/>