



Physicians for Healthy Communities - Training Registration

Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ License Number: _____

Specialty: _____

Mode of Practice: Solo Small Group Mid-Size Large Group

I will also attend the Santa Clara Chronic Care Symposium

How did you hear about the “*Physicians for Healthy Communities*” training?

___ Local medical society ___ CMA Foundation website

___ Word of mouth ___ Other: _____

Where do you currently obtain your information regarding obesity-related issues?

___ Medical Journals ___ Media ___ Medical Society

___ Other Publications; Please list _____

Dietary restrictions/ Vegetarian meal request: _____

**Send to: CMA Foundation 1201 J Street Suite 350 Sacramento, CA 95814
tsherrer@cmanet.org or fax to (916) 551-2544, ATTN: Tiffanie Sherrer
Please call (916) 551-2031 with any questions.**

**Thank you for your interest in the *Physicians for Healthy Communities* Initiative!
You will receive registration confirmation by e-mail as soon as your form is received as well
as an agenda and all pertinent information closer to the date of your training.**