



BASSETT MEDICAL ALUMNI ASSOCIATION

NOTE: Please update new or changed items.

medical.education@bassett.org <http://www.bassett.edu/alumni>

For Office Use:

- Filemaker Pro Listing
- Cupola Mailing List

Name: _____ Title: _____

Home Address: _____
(Street, R.D., P.O. Box, Apt. #)

City/Town: _____ State: _____ ZIP: _____
(9-digit ZIP, if applicable)

Home Telephone: _____ Spouse's Name: _____

Office Address: _____
(Street, R.D., P.O. Box, Apt. Number)

City/Town: _____ State: _____ ZIP: _____
(9-digit ZIP, if applicable)

Office Telephone: _____ Fax Number: _____

E-Mail Address: (give preferred address for alumni contacts): _____

Current Affiliations: _____
(Hospital/Other Institution) (Program)

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Current Academic Rank: _____ Medical School: _____

Retired? _____ Willing to be contacted regarding house staff career advice/assistance program?: _____

Complete the shaded section only if it has not been completed within the past five years.

Undergraduate School: _____	Degree: _____	Year: _____
Graduate School: _____	Degree: _____	Year: _____
_____	Degree: _____	Year: _____
Residency/Fellowship Training _____		
(Hospital)	(Program)	(Dates)

(Hospital)	(Program)	(Dates)

(Hospital)	(Program)	(Dates)
Position(s) held at Bassett: _____		
(Resident/Attending)	(Program/Service)	(Dates)

(Resident/Attending)	(Program/Service)	(Dates)
Medical Field: _____	Board Certification(s): _____	

ALUMNI UPDATE

We'd like to include your personal and/or professional news in The Cupola, Bassett's Medical Alumni Newsletter. Photos are welcome! You may attach digital photos or mail hard copies to the Office of Medical Education at Bassett Medical Center, One Atwell Rd., Cooperstown, NY 13326 or e-mail cupola@bassett.org.