



## Evidence-based Medicine Toolkit Program Sign-up Sheet

- Yes, I plan to participate in the Evidence-based Medicine Toolkit Program. I plan to:
- 1) Attend the initial EBM training in Salt Lake City, UT, September 19-20, 2008;
  - 2) Begin implementation of EBM training with my residents in late fall/winter;
  - 3) Attend two additional 2-day training sessions on January 9-10 and May 15-16 of 2009; and
  - 4) Present the full EBM program to my residents by August 2009.
- I cannot attend the September meeting, but would like information on the next training session for academic year 2009-2010.

### 1. Registrant Information:

Please type or print clearly. One form per registrant.  
Confirmations sent by mail, fax, or email.

\_\_\_\_\_  
Name (last, middle, first)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Program

\_\_\_\_\_  
Program ID#

### 2. Residency Coordinator Name and Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Complete this sign up sheet and

- Fax to: Amy Wallace at (651) 361-4917, or
- Email to: Amy Wallace at [awallace@aan.com](mailto:awallace@aan.com), or
- Mail to: Amy Wallace, American Academy of Neurology, 1080 Montreal Ave., Saint Paul, MN 55116