

18th Annual Medical Education Elective for Residents
February 9 – March 8, 2022

Resident:

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ Specialty/PGY: _____

Email Address: _____ Dal NetID (i.e. XX#####): _____

Program Director:

Last Name: _____ First Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Program Assistant:

Last Name: _____ First Name: _____

Address: _____

Email Address: _____ Phone Number: _____

Please return completed form to:

Linda.MacNutt@dal.ca