

## CMED Special Interest Group Registration Form

### Basic Information

Name of Group	
Medical Specialty	
Description of Specialty	
Meeting Schedule/Frequency	
Membership Requirements (if applicable)	
Program Website (if applicable)	
Outside Web Resources	

### Contact Information (required – CMED student)

SIG Leader Name	
Leader Email	
SIG Co-Leader Name	
Co-Leader Email	

### Faculty/Staff                      Advisor Information

Name	
Email	
Signature	

OFFICE OF STUDENT AFFAIRS:	APPROVED DATE:	DENIED
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