

UNMC College of Medicine Alumni Association Host Program Information Sheet

Alum Name: _____ UNMC Class Year: _____

Address: _____ City, State Zip: _____

Phone Number Home/Work/Cell : (____) _____ E-mail Address: _____

Please check this box to give us permission to share your contact information with your student match.

where you completed residency training: _____ Specialty: _____

Place you completed fellowship (if applicable): _____

Preferred Gender for Student Guest (Please circle one): **M / F / No preference**

Services I am willing to provide a student guest (Check all that apply):

____ Information about residency program, surrounding area, medical community

____ Transportation to / from airport and to / from interview

____ Meals

____ Lodging for residency interviews

Training hospital/residency programs in your area (Please list):

Hospital Name	City	Distance from your home (in miles)

Please list your type of pets, if any: _____

Additional comments about how you'd like to be involved: _____

Please return this form to:

UNMC College of Medicine Alumni Association
985200 Nebraska Medical Center
Omaha, NE 68198-5200
alumni@unmc.edu
Phone: (402) 559-4385