

UNMC College of Medicine Alumni Association Host Program Student Information Sheet

Student Name: _____ UNMC Class Year: _____

Gender (Please circle): **M / F** Alumni host gender preference (Please circle): **M / F / No preference**

E-Mail Address: _____ Phone Number: _____

Desired Residency Program Facility/Location: _____

Desired Specialty: _____

Where are you interviewing? (Please list interviews in the following cities, if applicable: Charleston, SC; Chicago, IL; Cincinnati, OH; Dallas, TX; Denver, CO; Des Moines, IA; Gainesville, FL; Houston, TX; Indianapolis, IN; Iowa City, IA; Kansas City, MO; Madison, WI; Milwaukee, WI; Minneapolis, MN; Oklahoma City, OK; Phoenix, AZ; Portland, OR; Rochester, MN; St. Paul, MN; Salt Lake City, UT; San Antonio, TX; Seattle, WA; and Winston Salem, NC. Use the reverse of this sheet if needed.)

Hospital / Medical Center Name	City	Dates	Dates Requesting Lodging

What are you looking for in a host? (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

Additional comments about your needs (dietary, etc.): _____

This form is available online at:
<http://www.unmc.edu/alumni/councils/medicine/>

Please return to:
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Phone: (402) 559-4385