

**Synergy Medical Education Alliance
Department of Emergency Medicine**

Conference Request Form

Resident Name: _____ Rotation: _____

Conference Title: _____

Location: _____

City: _____ State: _____

Telephone: _____ FAX: _____

Date of Conference: _____

Please include a brochure.

(1 Conference = 1 week or less)

Director's Approval: _____