

**1. Please provide the following contact information**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Postal address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**It is easiest to get in touch with me by**

Telephone

Fax

E-mail

Mail

**Please check  
all that apply.**

**2. Describe your practice setting** (Rural/Urban, solo/group, academic/nonacademic, owner/employee, family practice/multispecialty, etc.):

\_\_\_\_\_

**3. List areas of special interest or expertise** that may be pertinent to topics covered in *FPM*.

Subject area	Nature of interest or expertise
A.	_____
B.	_____
C.	_____
D.	_____
E.	_____

**For additional comments:**