American College of Mohs Surgery
40th Annual Meeting
Hyatt Regency Vancouver– Vancouver, British Columbia, Canada – May 1-4, 2008

BIOGRAPHICAL DATA FORM

Note: This information is required of all moderators, speakers, panelists and program committee members by the University of Vermont College of Medicine Office of CME.

Name and Degree: _____

Check all that apply to your involvement in the 2008 ACMS Annual Meeting:

- ❑ Speaker/panelist
- ❑ Program Committee Member
- ❑ Session Moderator

Preferred Address: _____
_____
_____

Preferred Telephone: _____

Present Position Information (primary):

Title _____ **Employer** _____

Description of Present Position (50 words or less)

_____
_____
_____

Education (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major	Year Degree Awarded
1.			
2.			
3.			

Use the space below to <u>briefly</u> describe professional experience or areas of expertise related to involvement in this meeting or continuing medical education in general.

<u>Please complete this form and return to</u>:
ACMS, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202
Phone: (414) 347-1103 Fax: (414) 276-2146