

Columbia University ECT Registration

Please mail this form along with a check for \$3000 (made out to Columbia University) to:

Joan Prudic, MD
1051 Riverside Drive, Unit 126
New York, NY 10032
We cannot accept FedEx packages

Name: _____

Address: _____

Phone Number: _____

Email: _____

Hospital Affiliation: _____

Do you have medical privileges at Columbia University?

- Yes
- No

I am interested in attending:

2017 Dates

- January 23-27
- April 24-28
- July 24-28
- October 23-27

2018 Dates

- January 22-26
- April 23-27
- July 23-27
- October 22-26