

2011 STFM RESIDENT TEACHER AWARD

Please send a Resident Teacher Award for:

Resident's Name: _____

Mail Certificate to: _____

Program: _____

Signature

Title

Please Print Name

e-mail address: _____

Return to:

Attn: Jean Schuler
jschuler@stfm.org
SOCIETY OF TEACHERS OF FAMILY MEDICINE
11400 Tomahawk Creek Parkway
Leawood, KS 66211
Fax: 913/906-6096

