

# HELP OUR STUDENTS TRAVEL – ALUMNI RESPONSE FORM

Thank you for your interest in the Upstate Medical University HOST program. Interview activity for MSIV students takes place across the country in the months between October-January. Please indicate your place of residency during these months. The students are matched with alumni first by geographic request and second by specialty.

## HOME ADDRESS

Name: \_\_\_\_\_ Class or resident year: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Preferred Title: \_\_\_\_\_

Address:

Street \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SEASONAL ADDRESS

Address:

Street \_\_\_\_\_

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

## BUSINESS ADDRESS

Specialty: \_\_\_\_\_ Residency Specialty: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

**Please return completed form or inquiries to:**

Vince Kuss, Executive Director  
UPSTATE MEDICAL UNIVERSITY  
Medical Alumni Office  
Setnor Academic Building, Suite 1510  
750 East Adams Street  
Syracuse, NY 13210  
(315) 464-4361 (315) 464-4360 fax  
email: kussv@upstate.edu