

**Louisiana State University Health Sciences Center
Otorhinolaryngology Alumni Association
2004 Membership Form**

Dues for 2004 are **\$100.00**. Please make your check payable to **LSUHSC Foundation** and send with completed form to:

LSU Health Sciences Center
Department of Otorhinolaryngology
Head and Neck Surgery
533 Bolivar Street, 5th Floor
New Orleans, LA 70112
Attention: Deanna Loerwald

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Business Fax: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Year completed residency: _____

Did you complete your residency in New Orleans? Yes _____ No _____

If no, where did you train? _____

Please add any news or new information about yourself, career, family, etc. _____

Please make your \$100 check payable to LSUHSC Foundation

Total Amount \$ _____ Check # _____