



# STATION No. VI

## 2025 NMRA NATIONAL CONVENTION

July 14 - 19 – Novi, Michigan

### Clinician Information Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MMR (Y/N) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Region/Division: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Title of Clinic: \_\_\_\_\_

If a multi-session clinic, total number of sessions: \_\_\_\_\_ (also submit a separate sheet for each session)

Description of Clinic  
(Maximum of 1200 characters)

If your clinic has been presented earlier, how many times, at what level (division, region, national, on-line), when was it last presented and has it been recently updated?

Times: \_\_\_\_\_ Highest Level: \_\_\_\_\_ Last Presented: \_\_\_\_\_ Updated (Y/N): \_\_\_\_\_

Clinic Type (check all that apply):

\_\_\_\_\_ Power Point Presentation    \_\_\_\_\_ Live Demonstration    \_\_\_\_\_ Software Demonstration \_\_\_\_\_  
\_\_\_\_\_ Group Discussion-Sharing    \_\_\_\_\_ Make-and-Take    \_\_\_\_\_ Other (\_\_\_\_\_)

For scheduling purposes, if plans prevent you from attending the entire convention, what dates would you be available? \_\_\_\_\_

Other Information:

- All clinics are 60 minutes in duration including Q/A.
- Our plan is to present each clinic twice.
- If your clinic is selected, we will be contacting you to determine your audio-visual needs.
- Deadline for submitting the form is **December 31, 2024**

Send completed form by email or post to :

Andy Keeney  
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DeWitt, MI 48820  
email: StationNoVI.clinics@gmail.com

Office Use: