

Department of Orthopaedics
Conference Change Notification

Please use this form to inform the administrative office
of any changes which need to be made to the conference schedule.

Attending: _____

Date of conference: _____

Nature of conference change:

Please mail this form to:

Lori McMann - Residency Program Coordinator
Office of Graduate Medical Education
Erie County Medical Center
462 Grider Street
Buffalo, New York 14215