##

### DEMOGRAPHIC INFORMATION

|  |
| --- |
| **Organization** |
| Organization Name:       |
|  Address:       |
|        |
| Phone Number:       | Fax Number:       |
|  |
| Type of Organization (Please indicate what classification most accurately describes your organization): |
| [ ]  | Communications Company | [ ]  | Not For Profit Foundation (501c3) |
| [ ]  | Consortium/Alliance | [ ]  | Physician Member Org., Non-Specialty |
| [ ]  | Education Company, Other  | [ ]  | Physician Member Org., Specialty Based |
| [ ]  | Education Company, Physician Owned/Operated | [ ]  | Publishing Company |
| [ ]  | Government or Military | [ ]  | School of Medicine |
| [ ]  | Health Care Delivery System | [ ]  | Voluntary Health Association |
| [ ]  | Hospital | [ ]  | Other:       |
| [ ]  | Insurance Company/Managed Care |  |  |
|  |
| The CME Program of the Organization (one check per line): |
| [ ]  | **does** receive Commercial Support | [ ]  | does **not** receive Commercial Support |
| [ ]  | **does** participate in Joint Providership | [ ]  | does **not** participate in Joint Providership |
| [ ]  | **does** produce Enduring Material | [ ]  | does **not** produce Enduring Material |
| [ ]  | **does** produce Journal-Based CME | [ ]  | does **not** produce Journal-Based CME |
| [ ]  | **does** produce Internet CME | [ ]  | does **not** produce Internet CME |
|  |

|  |
| --- |
|  |
| **Chief Executive Officer** |
| Name:       |
| Title:       |
| Address:       |
| Phone Number:       | Fax Number:       |
| E-Mail:       |
|  |
|  |
| **Individual Responsible for CME Unit and for the Material Contained within this Application** |
| Name:       |
| Signature: |
| Date:       |
| Title:       |
| Address:       |
| Phone Number:       | Fax Number:       |
| E-Mail:       |
|  |
|  |
| **Contact Person for Application/Survey** |
| Check here [ ]  if the contact person is the same as individual responsible for CME unit. |
| Name:       |
| Title:       |
| Address:       |
| Phone Number:       | Fax Number:       |
| E-Mail:       |
|  |