

North Country Telemedicine Conference



Please indicate if you wish to participate in the Telehealth User Collaborative

 YES NO

If yes, please fill out contact information below

Name: _____ Title: _____

E-mail: _____

Organization _____

Please check which days and times tend to work best for you

	Monday	Tuesday	Wednesday	Thursday	Friday
7am-9am					
9am-12pm					
12pm-2pm					
2pm-4pm					
4pm-6pm					
Other:					

Are there any topics, concerns, or questions you would like addressed at the first meeting?



○ Collaboration ○ Catalyst ○ Community

