University of Nevada, Reno School of Medicine
PROJECTECHO
CONNECTING NEVADA'S COMMUNITIES TO SPECIALTY CARE

SIGN-IN SHEET

Date: August 14th, 2017 **Facilitator:** _____

TeleEcho Clinic: Sports Medicine

PLEASE SUBMIT COMPLETED FORM NO LATER THAN ONE WEEK AFTER THE CLINIC DATE

FAX COMPLETED FORM TO: (775) 327-5112

Name	E-mail Address	Primary Work Facility		Credential(s)	Signature
Please **PRINT** your name	Your e-mail address	Place of work	National Provider ID	MD/RN/etc.	*Sign here