



**50th Anniversary of Department of Neurology
UNIVERSITY OF ROCHESTER
September 22-24, 2016**

Demographics and Interest/History Form

First Name:

Last Name:

Best Address:

Street:

City:

State:

Zip:

Country:

Best email:

Best Phone:

Fax:

Your connection to the UR?

Medical School

Residency

Fellowship

Faculty

What years were you at the University of Rochester?

Current Position:

Academics

Private Practice

Industry

Government

Other

Current Title:

Briefly describe your current work interests:

Future Plans:

Family:

Hobbies/Social:

A book will be compiled for the 50th Anniversary Celebration. We plan to include the stories and experiences of all who have helped establish this history. We hope you will share a conversation with your colleagues in this space and in the URNeuroStoryCorps section. This combination of material will provide a sense of your successes and indirectly of ours.

Favorite “pearl” or word of wisdom from a teacher (with name):

A most important or memorable event from your time in Rochester:

Mentors at the U of R that you wish to acknowledge:

Most important event or accomplishment after leaving Rochester:

Please email your completed form to NeurologyAlumni@urmc.rochester.edu