



**APPLICATION FOR INTERNATIONAL MEDICAL GRADUATES SECTION
WEB SITE OBSERVERSHIP POSTING**

NAME:

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Are you an AMA member? _____ YES _____ NO

OBSERVERSHIP PROGRAM DESCRIPTION: *(Please remember to complete
Observership Program listing template in format provided on Web site.)*

Use of the AMA logo on any program materials is prohibited. By submitting this application and my signature below, I understand that failure to comply with this prohibition will cause cancellation of future posting requests.

Signature: _____ Date: _____

Submit application to: img@ama-assn.org

DISCLAIMER: *This request for posting Observership information to the AMA-IMGS web site is made available solely for general informational purposes only and does not constitute an AMA endorsement.*