



SAN DIEGO SHOULDER INSTITUTE 27TH ANNUAL COURSE

NAME LIST FOR UCSD LABORATORY COMPANY REPRESENTATIVES

San Diego Shoulder Institute (SDSI) is committed to providing a course of exceptional educational value and quality. As an Accreditation Council for Continuing Medical Education (ACCME) provider, we uphold all ACCME standards. Our commitment entails ensuring all individuals on the site of our CME offering wear proper identification. Further, as an educational partner with the University of California San Diego School of Medicine (UCSD) for the cadaver lab, we adhere to strict Universal Precaution, safety, and regulatory standards. For the UCSD cadaver lab, it is imperative that each company adhere to our allotted number of company representatives, practices safety standards at all times, and wears appropriate surgical attire (such as scrubs and closed-toed shoes). Nametags are required at all times. Appropriate surgical attire and name tags must be worn during lab sessions, lab set-up, and lab break-down times.

Please provide us with a list of company representative names who will be involved in the UCSD cadaver laboratory session(s), ensuring that you do not exceed the number of assigned representatives at any time. You may allow representatives to come in and out of the UCSD lab, as long as you do not exceed your allotted number at any one time. Please ensure each individual checks in and signs out each time he/she enters and leaves this lab.

SDSI will have name tags available for you on site. If you need to modify this list at anytime, please contact a member of the SDSI staff. We appreciate your support and adherence to our regulations.

Those individuals involved in laboratories, workshops, and/ or exhibits at the Hyatt will need to order name badges through the “Exhibitor Name Badge Registration Form”. This form is on our web site at www.shoulder.com under the “industry/exhibitor” tab.

Company Name: _____

List of Company Representative Names attending UCSD Cadaver Laboratory Sessions:

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Forward your completed form **by JUNE 1, 2010** to:

San Diego Shoulder Institute
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Email: eblunck@aol.com