

## MAILING LIST FORM

Join other individuals who want to stay informed about new developments and discussions on ways to improve patient safety and healthcare quality. We invited you to join our mailing list to receive up-to-date information about patient safety, our electronic newsletters, and announcements about our upcoming events and programs. Complete the form and return it to us by email or regular mail to the address below.

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Tell us about yourself:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

I prefer getting information about patient safety, announcements, and invitations by (check one):

Email only       Regular mail only       Both

Why are you interested in patient safety or the Community Foundation for Patient Safety?

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Thank you.

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Your name and contact information on our mailing list are protected and will not be shared or sold to anyone or any other group. Please send completed form to us by email at [mail@comofcom.com](mailto:mail@comofcom.com), or mail to the address below:

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