

EOHSI Directory Update Form

1. LAST: _____ DEPARTMENT: _____
FIRST: _____ EMAIL: _____
POSITION: _____
TITLE: _____
DEGREE: _____
DIVISION: _____

Type: _____
 Staff EOHSI Member NIEHS Member
 Faculty DEOM Member Part Time
 Student

2. If you would like to link to another web site, put the address here:

WEB PAGE: _____

3. Primary Office

PHONE: _____
PHONEXT: _____
FAX: _____
ROOM NUMBER: _____

Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Campus: _____
 Busch Livingston College Ave
 Cook Douglass

4. Lab

LAB ROOM NUMBER: _____
LAB PHONE: _____

Lab Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Lab Campus: _____
 Busch Livingston College Ave
 Cook Douglass

5. If there is more than one office or lab, please list the additional information here:

ALT. OFFICE / LAB ROOM NUMBER: _____
ALT. PHONE: _____
ALT. FAX: _____

Alt. Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Alt. Campus: _____
 Busch Livingston College Ave
 Cook Douglass

6. Check if this person is no longer part of EOHSI.