

One Kilo Club Personal Information Form

The information you provide below will be published on the www.onekiloclub.org member directory web page.

Today's Date: ____/____/____

Last Name: _____ First Name: _____ M.I. _____

Business Name: _____

Business Street Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Business Telephone (include country code): (____) _____

Business Fax (include country code): (____) _____

Email: _____

Web Site: _____

Office Hours: _____

Academic/Business Title(s): _____

Hospital Appointment(s): _____

Area(s) of Specialization: _____

Other relevant information:

Return completed form via regular postal mail, fax, or email:

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Bayonne, New Jersey 07002 USA

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