

# COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000  
Chicago, Illinois 60606-6995  
312/899-0040, extension 4764

## PROGRAM DIRECTOR CONTACT FORM

Should questions arise regarding my Class Completion Group submission to CDR, I can be contacted at the following telephone or e-mail address during my absence from the office. (Please make sure CDR has contact information for up to six {6} weeks past class submission.)

If you have multiple contact numbers, please submit additional forms.

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Institution Name

Four-Digit Program Code

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Program Director Name -- Please Print, then Sign

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Date(s) you will be out of the office

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Phone Numbers -- First Choice

Alternate Choice

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E-Mail Address(es)

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Alternate Contact Name (An individual who will be able to reach me during my absence)

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Phone Number and/or E-Mail Address

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Additional Comments, if necessary