



Consortium Ethics Program

Individual Intent to Participate

Based on information presented about **Membership Information on the CEP website**, I hereby declare my intent to participate in the Consortium Ethics Program**

I understand, in declaring this intent, that:

1. I am prepared to make the financial commitment, in the form of a participation fee, as described in the **Membership Information section on the CEP website**, recognizing that flexible payment plans will be available;
2. This document is non-binding, and the undersigned may elect not to become a formal applicant or participant.

Name: _____

Address: _____

Phone #: _____

Email: _____

Signature: _____

Please return to:

Consortium Ethics Program, 3708 Fifth Avenue, Suite 300, Pittsburgh, Pa 15213
Fax: (412) 647-5877

The University of Pittsburgh Consortium Ethics Program (CEP) is a regional ethics education network funded by its member institutions and co-sponsored by the University of Pittsburgh Department of Medicine, Division of General Internal Medicine, and the University of Pittsburgh Center for Bioethics and Health Law.

Rosa Lynn Pinkus, Ph.D., Director