

Vehicle Registration Form

Graduate Medical Education
Sacramento Valley

YOUR INFORMATION

Name:	_____		
Department:	_____	Pager#:	_____
Job Title:	_____		

VEHICLE INFORMATION

<i>VEHICLE #1</i>			
MAKE:	_____	LICENSE PLATE #	_____
MODEL/YEAR:	_____	COLOR:	_____
	<input type="radio"/> CAR	<input type="radio"/> PICK-UP	<input type="radio"/> MOTORCYCLE
<i>VEHICLE #2</i>			
MAKE:	_____	LICENSE PLATE #	_____
MODEL/YEAR:	_____	COLOR:	_____
	<input type="radio"/> CAR	<input type="radio"/> PICK-UP	<input type="radio"/> MOTORCYCLE
<i>VEHICLE #3</i>			
MAKE:	_____	LICENSE PLATE #	_____
MODEL/YEAR:	_____	COLOR:	_____
	<input type="radio"/> CAR	<input type="radio"/> PICK-UP	<input type="radio"/> MOTORCYCLE