



Emeritus Directory

Stay in contact with your friends and colleagues! If you would like your information published in the Marshfield Clinic Emeritus Directory, and to receive a copy, please fill out the information below.

Name(s) _____

Address 1 _____

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Phone _____

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Email 2 _____

Specialty _____ Year of Retirement _____

Emeritus Nametag

If you are interested in an Emeritus nametag, please indicate that below.

___ Yes ___ No

Please return this form to:

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or email faber.tracy.m@marshfieldclinic.org