



**Grand Rapids Medical Education & Research Center
1000 Monroe NW
Grand Rapids, MI 49503**

Visiting Learner Application Fee \$50.00

Learner Name: _____

Requested Rotation: _____

Dates of Rotation: _____

Credit card number: _____

Credit card expiration: _____

Learner signature: _____

**Mail to: GRMERC
 Attn: Andrea Berry, MPA
 1000 Monroe NW
 Grand Rapids, MI 49503**