

COURSE BOOK INFORMATION REQUEST

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Term Fall 2007_ Est. Enrol 101 Professor Alan Weinstein E-mail hec2006@med.cornell.edu
Department OCED Course # BOD1 Office Phone 212-746-6129 Fax Number 212-746-8935
Section _____ **Location** _____ **Continuation Class (Y/N)** _ **Dept. Contact** Home Phone 746-1048

Please fill in the information below.

<u>BOOK NUMBER</u>	<u>AUTHOR</u>	<u>TITLE</u>	<u>PUBLISHER</u>	<u>EDITION</u>	<u>ISBN</u>	<u>REQ'D or REC</u>
1	Lily, Leonard S.	Pathophysiology of Heart Disease	LWW	3rd	0-7817-4027-4	Req'd
2	West, John B.	Pulmonary Pathophysiology	LWW	7th		Req'd
3	Rennke and Denker	Renal Pathophysiology: The Essentials	LWW	2nd		Req'd
4	Kumar, Abbas, Fausto	Robbins and Cotran Pathologic Basis of Disease	Elsevier	7 th	0721601871	Req'd
5	Katzung, Bertram	Basic and Clinical Pharmacology	McGraw-Hill	9 th	0071410929	Req'd

If you will be using more than 5 titles, please use multiple forms.

Will you be using any of these titles again? ____ If so, what book number(s) and Term? _____
 (We will send you a confirmation before that term.) Would you like to be contacted about using a customized Course Pack? _____

Are there any special supplies or software titles your students will need or anything else we need to know about this course?

Thank You!