



WDS Literature Review Recommendation Form

1 TYPE OF WORK:

Type of Work: Book Periodical Article

Journal Article

Other

Author(s):

Book, Journal, or Periodical Name:

Book Publisher:

Publication / Copyright Date:

Website Address for Ordering / Viewing:

Category (Check all that apply):

Personal	Professional
<input type="checkbox"/> Time/Stress Management	<input type="checkbox"/> Academics
<input type="checkbox"/> Family and Children	<input type="checkbox"/> Career Advancement
<input type="checkbox"/> Personal Health	<input type="checkbox"/> Effective Office Management
<input type="checkbox"/> Personal Finance	<input type="checkbox"/> Medical Industry
<input type="checkbox"/> Pleasure Reading	<input type="checkbox"/> Gender in the Workplace
	<input type="checkbox"/> Public Health and Medical Issues
	<input type="checkbox"/> Exploring Your Place in Medicine

2 YOUR RECOMMENDATION:

Recommendation Summary (50 Words or Less):

3 YOUR INFORMATION:

Name of Reviewer:

eMail:

List name & eMail address with recommendation? Yes No

Any Additional Comments:

Mail Form To: Women's Dermatologic Society 575 Market Street, Suite 2125, San Francisco, CA 94105
Fax Form To: (415) 927-5726

