When do you plan on applying to a graduate health program?

- 2016
- Other _______ (year)

What type of program do you plan to apply for?

- Dentistry
- Medicine (MD/DO)
- Nursing
- Occupational Therapy
- Optometry
- Oriental Medicine
- Pharmacy
- Physical Therapy
- Physician’s Assistant
- Podiatry
- Public Health
- Naturopathic Medicine
- Veterinary Medicine

First Name __________________________ Last Name __________________________ UO Student ID#

Email _______________________________ Phone ____________________________ Major __________________________

Lunch will be provided; please list any dietary restrictions or food allergies:

_______________________________________________________________________

To register, please bring this form, along with $15 (exact change please) to 68 PLC by Friday, December 18th.

Fees should be paid at the time of registration. You may request a refund at TLC, 68 PLC, before the seminar begins (original receipt required). Once the workshop has begun, no refunds will be given.

Sign_________________________ Date_______________________________

Receipt # __________________________ Office use only.

Amount Rec. ___________ □ Check □ Cash initials ________

Exact cash or checks only. Make checks payable to: UO-TLC