



**University of Michigan
Mini-Med School 2009**

Registration Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

e-mail address: _____

Reserve _____ (#) spaces at tuition rate of \$75 per person, \$50 for seniors (65 and older).

Check for \$_____ is enclosed.

Please make checks payable to University of Michigan.

Mail this registration form with your check or money order to:

University of Michigan Medical School
Office of the Dean Attn: Carrie Ashton
4101 Medical Science Building I, SPC 5624
1301 Catherine Street
Ann Arbor, MI 48109-5624

A confirmation letter with a map and directions will be sent out after receipt of your tuition.