



**University of Michigan
Mini-Med School 2012**

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
Attn: Carrie Ashton/Mini Med School
4101 Medical Science Building I, SPC 5624
1301 Catherine Street
Ann Arbor, MI 48109-5624

A confirmation email with a map and directions will be sent after receipt of your tuition. If you require a confirmation by USPS mail please check here _____.