

Osteopathic Pre-Med Forum Registration

Student Name _____

Email _____

Phone _____

Current or Most Recent Undergrad School:

Grad Year (actual or anticipated) _____

How did you hear about this program? _____

What is the best way to let you know about future events? _____

Where did you first hear about Osteopathic Medicine? _____

Please complete and return this form by October 25th to Kathie Itter:

Email: kitter@woma.org

Fax: 206-933-6529

Mail: PO Box 16486 Seattle WA 98116-0486

Parking

Limited free passes for parking on campus are available on a first come, first served basis. Carpools are strongly encouraged.