



Presidents' Day

**PATH TO HEALTH  
PROFESSIONS**

February 18, 2008

College of Science and Mathematics

**Registration Form**

*Please complete ALL areas*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check which field(s) you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> General medicine    | <input type="checkbox"/> Physical Therapy    |
| <input type="checkbox"/> Pharmacy            | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Veterinary medicine | <input type="checkbox"/> Nursing             |
| <input type="checkbox"/> Other _____         |  |

Number of people attending: \_\_\_\_\_

**Please mail your completed registration to:**

Jacqueline Neal, Director  
Pre-Health Programs, 235A BH  
Wright State University  
3640 Colonel Glenn Hwy  
Dayton, OH 45435-0001

**Students can also register by calling (937) 775-4226 or emailing [evelyn.lauterbach@wright.edu](mailto:evelyn.lauterbach@wright.edu)**

Please list your 1<sup>st</sup> and 2<sup>nd</sup> choices for each session:

*(session descriptions are available at [www.wright.edu/cosm/premed/presday.html](http://www.wright.edu/cosm/premed/presday.html))*

Session I: \_\_\_\_\_

Session II: \_\_\_\_\_

Session III: \_\_\_\_\_

*\*Additional information will be emailed to you prior to the event.*

*Please make sure to include your email address on this form. Thank you for your registration!*