



Mini-Medical School Program Registration Form

Indicate with a check mark the course(s) for which you are registering:

- | | |
|--|---|
| <input type="checkbox"/> Mini-Med Summer Camp™ | <input type="checkbox"/> Mini-Med Spring Break |
| <input type="checkbox"/> Mini-Med School (Spring) | <input type="checkbox"/> Mini-Med II (Fall) |
| <input type="checkbox"/> Mini-Med for Lawyers | <input type="checkbox"/> Mini-Med Doc-For-A-Day |
| <input type="checkbox"/> Paid by Credit Card on-line | <input type="checkbox"/> Enclosed is my check |

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Date of Birth: _____

Daytime Telephone: (____) _____

Cell Number: (____) _____

Occupation or Name of High School: _____

If paying by check: Check made payable to "DUCOM"

Drexel University College of Medicine
Mini-Medical School - Mail Stop 1008
245 N. 15th Street
Philadelphia, PA 19102

For additional information call: 215-762-6800