

# ALL OHIO PRE-MED DAY REGISTRATION FORM

Saturday, November 15, 2008, 8:30AM- 2:30PM

Name: \_\_\_\_\_ Confirmation E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 School: \_\_\_\_\_ Relation: \_\_\_\_\_

**Purchasing:**

Name	Number	Price (each)	Subtotal
Students Attending		\$25.00	
Parents/Guardians Attending		\$25.00	
Names of Parents/Guardians	_____		
How many vegetarian lunches?			
Parking Tokens		\$4.00	

**Total:** \_\_\_\_\_

**Choices:**

Tours	First	Second	Third	Fourth
Gross Anatomy Labs				
Clinical Skills				
Anesthesiology				
Operating Room				
Mock Interview				
Emergency Room				
Med Flight				
Ross Heart Hospital				

**These are tentative tours and are subject to change, please choose the tours you would like to attend, but know that you may not get the tour you request.**

Question:

Are you a member of Alpha Epsilon Delta, Ohio Alpha?                      Yes                      No

**PRE-REGISTRATION DEADLINE IS WEDNESDAY, OCTOBER 31<sup>st</sup> BY 7:00PM.**

PLEASE COMPLETE ONE FORM PER STUDENT AND RETURN TO:

Zubin Yavar  
 222 W. Lane Ave., Apt. 411  
 Columbus, OH 43201

(513) 807-4930  
 yavar.1@osu.edu

Or turn in the above form at an AED meeting, Wednesdays at 7:00. Location varies, email me if you need the location

**PAYMENT MUST BE INCLUDED WITH THIS FORM**

**MAKE CHECKS PAYABLE TO: ALPHA EPSILON DELTA**

Confirmation of your registration will be provided if you submit your email address.