



Graduate Health Programs: Application Seminar

Saturday, Jan. 14, 2017, 8:30am-1:30pm

Registration Deadline: Fri, Dec. 16th

Cost: \$15 Lunch Provided

When do you plan on applying to a graduate health program?

2017 Other _____ (year)

What type of program do you plan to apply for?

- Athletic Training
- Dentistry
- Medicine (MD/DO)
- Nursing
- Occupational Therapy
- Optometry
- Oriental Medicine
- Pharmacy
- Physical Therapy
- Physician's Assistant
- Podiatry
- Public Health
- Naturopathic Medicine
- Veterinary Medicine

First Name

Last Name

UO Student ID#

Email

Phone

Major

Lunch will be provided; please list any dietary restrictions or food allergies:

To register, please bring this form, along with \$15 (check or exact change please) to 68 PLC by Fri, Dec. 16th.

Fees should be paid at the time of registration. You may request a refund at TLC, 68 PLC, before the seminar begins (original receipt required). Once the workshop has begun, no refunds will be given.

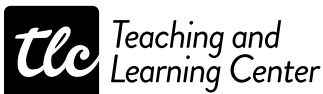
Sign _____ Date _____

Receipt # _____

Office use only.

Amount Rec. _____ Check Cash Initials _____

Exact cash or checks only.
Make checks payable to: UO-TLC



68 PLC, 541-346-3226, tlc.uoregon.edu

