



**University of Michigan Medical School**  
**Mini-Med School 2017**  
Registration Form

Name(s): \_\_\_\_\_

\_\_\_\_\_

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

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

Daytime phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Reserve \_\_\_\_\_ (#) spaces at tuition rate of \$80 per person, \$60 for seniors (65 and older) and UMHS and UM employees

Check for \$\_\_\_\_\_ is enclosed.

*Please make checks payable to University of Michigan.*

**Mail this registration form with your check or money order to:**

University of Michigan Medical School  
Attn: Carrie Ashton  
239 Victor Vaughn Building  
1111 East Catherine Street  
Ann Arbor, MI 48109-2054

A confirmation email with a map and directions will be sent after receipt of your tuition.  
**If you require a confirmation by United States Postal Service mail please check here.**