



**University of Michigan Medical School
Mini-Med School 2019**

Registration Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

e-mail address: _____

Reserve _____ (#) spaces at tuition rate of \$80 per person,
Reserve _____ (#) spaces at tuition rate of \$60 for seniors (65 and older) and
Reserve _____ (#) spaces at tuition rate of \$60 for U-M employees and students

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.