

2010 Mini-Med School Registration (please print)

Tuesdays ~ October 5, 12, 19 and 26

Name(s): _____

Faculty ____ Staff ____ Student ____ Parent of Student or Alumni ____ SOM Friend ____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Email: _____

_____ attending. Registration is \$25 per person.

Please make your check payable to the *USC Educational Foundation* or pay by credit card below:

__ American Express __ Discover __ Visa __ MasterCard

Card Number: _____

Name as it appears on card (print): _____

Exp. Date: _____ Total: \$ _____ Signature: _____

Mail to: **USC School of Medicine; Attn: Mini-Med School; University of South Carolina; Columbia, SC 29208**

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