

# ALL OHIO PRE-MED DAY REGISTRATION FORM

Saturday, November 7, 2009 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?			

**TOTAL:** \_\_\_\_\_

**Choices:**

Tours	First	Second	Third	Fourth
Gross Anatomy Lab Tours				
Clinical Skills				
Anesthesiology				
Operating Room				
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?                      Yes                      No

**PRE-REGISTRATION DEADLINE IS WEDNESDAY, OCTOBER 28<sup>th</sup> BY 7:00PM.**  
 PLEASE COMPLETE ONE FORM PER STUDENT AND RETURN TO:

Samantha Ali  
 168 E. 12<sup>th</sup> Ave., Apt. I  
 Columbus, OH 43201

ali.143@buckeyemail.osu.edu  
 (216) 406-3687

Or turn in the above form at an AED meeting, Wednesdays at 7:00pm. Location varies, please 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.