

The University of Texas Southwestern Medical Center at Dallas  
Medical, Health, & Biomedical Sciences

Annual Conference

Saturday, November 14, 2009/ 8:00 a.m. - 4:00 p.m.

**Student Registration Form**  
**(Registration opens at 7:30 a.m.)**

**(PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_

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

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Origin: \_\_\_\_\_  
Date Month Year (optional)

Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Year (or Anticipated Year) of Graduation: \_\_\_\_\_

**\* I am interested in:**

Medical School \_\_\_\_\_

Graduate School of Biomedical Sciences \_\_\_\_\_

School of Health Professions \_\_\_\_\_

---

**Please mail or fax by November 2, 2009: Fax: (214) 648-7517**

**Mail:** Pre-Med Conference  
c/o Office of Student Affairs  
UT Southwestern Medical School  
5323 Harry Hines Blvd.  
Dallas, TX 75390-9006

Any questions, please contact Greta Epps at (214) 648-0308 or greta.epps@utsouthwestern.edu

**\*Lunch will be provided \*Dress Code: Business Casual**

---