



MWU Chicago College of Pharmacy
 PCAT Review Course
 555 31st Street
 Downers Grove, IL 60515
 630/971-6417 Fax 630/971-6097
 Email: PCATREV@midwestern.edu

Registration Form for the PCAT Review Course

PERSONAL INFORMATION		
Last name	First name	M.I.
Address		
City	State	Zip Code
Daytime Phone		
Fax Number		
Email Address		

I have a disability that requires special arrangements. Please specify below:

Please register me for the following review session:

<input type="checkbox"/> May 16 & 17, 2009	<input type="checkbox"/> \$299 Standard Reg. Fee (by March 20 th)	<input type="checkbox"/> \$339 Late Reg. Fee (by April 24 th)
<input type="checkbox"/> August 1 & 2, 2009	<input type="checkbox"/> \$299 Standard Reg. Fee (by June 26 th)	<input type="checkbox"/> \$339 Late Reg. Fee (by July 17 th)

My enclosed check is made payable to Midwestern University

Credit Card Authorization (please check one)

MasterCard Visa American Express Discover

Credit Card Number	Expiration Date	Total Charges
Card Member's Signature		
Print Card Members Name		

Send your PCAT Review Registration Form and payment to the address listed above.

FOR OFFICE USE ONLY

GL#