



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](mailto:PCATREV@midwestern.edu)

### Registration Form for the PCAT Review Course

<b>PERSONAL INFORMATION</b>		
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:

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Please register me for the following review session:

<input type="checkbox"/> July 31 & August 1, 2010 Fee	<input type="checkbox"/> \$299 Standard Reg. Fee (by June 25 <sup>th</sup> )	<input type="checkbox"/> \$339 Late Reg. (by July 16 <sup>th</sup> )
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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	3 Digit Security Code	Total Charges
Card Member's Signature			
Print Card Members Name			

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

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GL#