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:

☐ July 31 & August 1, 2010 ☐ $299 Standard Reg. Fee ☐ $39 Late Reg. Fee
(by June 25th) (by July 16th)

☐ 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 Member’s Name

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

FOR OFFICE USE ONLY
GL#