REGISTRATION FORM: **MINI MEDICAL SCHOOL** **NOVEMBER 10, 2009**

FIRST NAME

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PHONE (DAY) FAX

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Payment: Check VISA MC CARD NUMBER

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***3-4 Digit Security Code Required (Back of card)**

EXPIRATION MM / YY SIGNATURE

Checks should be made payable to: OUHSC-OCNS
Federal Tax ID#73-601-7987

The information you provide is required to register you for the Mini Medical School. Financial information is used to process applicable fees. If you have any questions about the collection, use and storage of the information, please call Dr. Brandt Wiskur at (405) 271-6267.

REGISTER BY MAIL
University of Oklahoma HSC
Oklahoma Center for Neuroscience
975 NE 10th Street, BRC 272
Oklahoma City, OK 73104

REGISTER BY E-COPY
brandt-wiskur@ouhsc.edu

REGISTER BY PHONE: (405)271-6267

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