**REGISTRATION FORM:** **MINI MEDICAL SCHOOL** **OCTOBER 26, 2010**

FIRST NAME

LAST NAME

ADDRESS

CITY STATE POSTAL CODE

PHONE (DAY) FAX

EMAIL

Payment: Check VISA MC CARD NUMBER

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

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NAME OF SCHOOL

**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 Fax:** (405) 271-3552

**WEBSITE ADDRESS:** www.okneuroscience.com

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

**REGISTER BY PHONE:** (405)271-6267