University of Scranton
Health Professions Organization
Registration 2011-2012

Please fill this form out and bring it to St. Thomas 312. Or you may mail it (make check out to HPO) to Dr. Engel at University of Scranton, Scranton PA 18510. If we get most of the registration forms during the summer, we can have the shirts early in the year. This also will reduce the chaos at the beginning-of-the-year meeting.

Name:_____ (*Please **print** your name/email)*

Scranton email:_____ Phone:_____

Desired Professional degree: _____MD/DO _____ DMD

_____OD _____DVM _____DPM

If you are interested in a dual-degree program, please check which one:
_____MD/MPH_____ MD/PhD_____ MD/MBA _____ DMD/MD_____ Other

Major(s):_____ Minor(s)_____

Year: ____ Freshman____ Sophomore____ Junior____ Senior____ Post-Bacc.

Graduate students, please indicate year of study: 1st 2nd

Juniors and Seniors: Sign below if you wish to participate in the HPO Mentor Program

_____

Preferred t-shirt size ____S _____M _____L _____XL ____XXL

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HPO Dues ($15.00; $17.00 after September 7th) received from

_____ Please print your name in blank

by _____/_____
(officer's signature) date

Officer's use only: member added to email list by _____ on _____.