

PATHWAYS TO SALUKI MEDICINE
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
JUNE 4-9, 2023

REGISTRATION FORM

First Name: _____

Last Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email Address: _____ Gender: _____

Emergency Contact Name/Phone: _____

T-shirt size: _____ Birthdate: _____

Medical Concerns: _____

Payment Information: \$200.00

Personal Check (payable to SIU Carbondale) Check # _____

Visa

Discover

MasterCard

Credit Card # _____ Exp. Date: _____

Name on Card: _____ CVC: _____

Billing Address: _____

Payer Email Address: _____

Please Return Payment To:

Events and Outreach

Anthony Hall – Mail Code 6705

Southern Illinois University Carbondale

1265 Lincoln Drive

Carbondale, IL 62901

Fax: 618.453.5680