

PATHWAYS TO SALUKI MEDICINE
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
JUNE 8-13, 2025

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/Dietary Concerns: _____

Payment Information: \$350.00

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