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Osteopathic Pre-Med Forum Advisor Registration

Advisor Name _____

Email _____

Phone _____

School _____

How did you hear about this program? _____

What is the best way to let you know about future events? _____

Where did you first hear about Osteopathic Medicine? _____

Please complete and return this form by October 12th to Kathie Itter:

Email: kitter@woma.org

Fax: 206-933-6529

Mail: PO Box 16486 Seattle WA 98116-0486