



OHSU 8th Multicultural Health, Science & Engineering Careers Conference

April 18, 2008

Registration Form

This form must be completed and received by the deadline date of March 24, 2008.

Name: (Last) _____ (First) _____ (MI) _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: () _____ - _____ Date of Birth: _____

E-mail Address: _____ Fax #: () _____ - _____

Current Education Institution: _____

Ethnicity Background (for statistical information only):

Gender: Male _____ Female _____

Ethnicity: African American _____ Asian/Pacific Islander _____ Caucasian _____

Hispanic / Latino _____ Bi-racial/multi-racial _____ Russian/Ukrainian _____

Native American _____ Tribe (specify): _____

Other _____ (Specify) _____

Are you the first in your family to attend college? Yes _____ No _____

Disability: If you are a student who experiences a disability, please let us know what kinds of accommodations you will need to participate in this event. _____

Education Background Information:

Check One: Freshman _____ Sophomore _____ Junior _____ Senior _____

Expected Graduation: _____ Current G.P.A. _____

Major: _____

What is your annual household income? \$ _____

Do you reside in a rural area? Yes _____ No _____

Choose the top three sessions that you would like to attend by ranking them from one to three, where 1 is top interest, 2 is your next interest and 3 is your third choice of interest. Due to limited time and capacity, we will try to accommodate your choice of interest.

- _____ Allied Health (Radiation Therapy, Clinical Lab, Paramedic Ed., Electroencephalography, Polysomnography)
- _____ Dentistry
- _____ Dietetics and Nutrition
- _____ Engineering (Biomedical, Computer Sci. & Electrical Engr., Environmental & Biomolecular Systems, Management in Science & Technology)
- _____ Graduate Programs
- _____ Medical Informatics
- _____ Medicine (MD, MD/MPH, MD/PhD)
- _____ Nursing (RN, RN/BS, Nurse Practitioner)
- _____ Pharmacy
- _____ Physician Assistant
- _____ Public Health

The conference has a limited capacity. It is on a first come, first serve basis. Once you have registered for this event, CeDMA will send a confirmation. **Registration deadline is March 24, 2008.** If you have questions regarding the conference, please contact Celeste Ward, Program Coordinator, OHSU Center for Diversity and Multicultural Affairs, at (503) 494-5657 or e-mail cedma@ohsu.edu.

Complete and mail registration form to the following address (*must postmarked by March 24, 2008*):

Oregon Health and Science University
CeDMA, Mail Code: L-601
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97239-3098

----- DO NOT WRITE BELOW THIS LINE -----

Date received: _____

Comments: _____