

## RSVP Form for Pre-Professional Advising Workshop

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Name: \_\_\_\_\_

**Date Attending:**

Friday, March 13, 2009

Saturday, March 21, 2009

**Year in School:**

Freshman

Junior

Sophomore

Senior

Graduate Student

**Area of Interest:**

Medical School

Optometry

Allopathic (MD) programs

Physician Assistant

Osteopathic (DO) programs

Physical Therapy

Dental School

Other

Pharmacy School

*If other, please specify*

Veterinary Medicine

***Please return this form to Dr. Bennett no later than Wednesday March 11, 2009***

Email to [vbennett@clarion.edu](mailto:vbennett@clarion.edu)

Campus mail to Dr. Val Bennett, Department of Biology

Drop off at Dr. Val's office, 247 Peirce