

Registration Form Virtual Weekend Medical Academy

Part I: Session Selection

Mental Health Matters in Medicine
9th - 12th & College Students
January 23-24, 2021
Weekend Medical Academy-MBH \$300

Did you previously participate in a Medical Academy program? Yes _____ No _____

If yes, which program? Weekend Summer year _____ Advanced

Part II: Student Information

Full Name:	(First)	(Last)	
Preferred Name:			Gender: Male Female
Date of Birth:			Age:
High School:		(Zip Code)	Grade:
Home Address:			
City		State:	Zip Code:
Home Phone:		Cell Phone:	
Email:			

Part III: Parent/Guardian Information

Full Name:	(First)	(Last)
Relationship:		
Home Phone:		Cell Phone:
Email:		
Are they an employee of Rady Children's Hospital? Yes _____ No _____		
If yes, which department? _____		

Part IV: Credit Card Information:

Credit/Debit Card Information

Name on Card: _____

Credit Card #: _____

Card Type: Visa ___ American Express ___ Discover ___ Mastercard ___

Exp. Date: _____ SSV: _____

Billing Address*: Same as Home ___ *If different, write in Notes

Confirm Email Address: _____

Date Registered: _____ Time Called: _____

Date Input: _____ Date Given to RCHSD Foundation: _____

NOTES: