

Third Year Student Mock Interview Registration

AOCPMR National Student Conference

April 21-22, 2012 Philadelphia, PA Four Seasons Hotel

Name: _____

Medical School: _____

Graduation Year: _____

Email address: _____

Cell phone (Required- we may need to contact you in Philadelphia): _____

Workshop you would prefer to miss (if possible) for interview:

ASIA exam, OMT, musculoskeletal ultrasound, or joint injections: _____

Will you be submitting a CV (optional)? _____

Will you be submitting a transcript (optional)? _____

Will you be submitting a personal statement (optional)? _____

Do you have any particular concerns about your application or questions that you would like to make sure are addressed and feedback given?

Submit your completed form to studentcouncil@aocpmr.org

Don't forget to register for the conference