

2012 Veterinary Medicine Career Exploration Program Registration Form

Name: _____	Grade: _____
Address: _____	Zip: _____
Phone: _____	School: _____
Email: _____	
*Confirmation materials will be sent via Email. If you prefer materials sent by regular mail please check this box: <input type="checkbox"/>	

Please list any work and/or volunteer experiences that are relevant to the program: _____

Please list any extracurricular activities:

How did you learn about this program?

Space is limited. Register early to avoid disappointment! Registration fee \$75.00 (payable by check, Visa, or MasterCard)	
Check # _____	Make checks payable to: Cornell Cooperative Extension
Credit Card # _____	Expiration Date _____
Signature _____	
<u>Mail to:</u>	Veterinary Career Explorations Program Suffolk County Farm and Education Center 350 Yaphank Avenue Yaphank, NY 11980

Accommodations for persons with disabilities may be requested by calling the Kathleen Milach at 631-852-4605 by 2/14/12 to ensure sufficient time to make appropriate arrangements. Requests received after this date will be met when possible.