17th ANNUAL PEDIATRIC RESEARCH DAY

Environmental Effects on Child Health
03.21.2018

REGISTRATION FORM

| First Name: | Last Name: | |
|---|--------------------|----------------|
| Degree/Title: | | |
| CHECK ONE: | | |
| Undergraduate Student | | Resident |
| Graduate Student | | Medical Fellow |
| Medical Student | | Faculty |
| Post-doctoral Fellow | | Other |
| | | |
| Affiliation: | | |
| Address: | | |
| City: | State: | ZIP: |
| Phone: | Email: | |
| Fax your completed registration to Michelle Voto the address provided above. For additional | al information, pl | |

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phone at (517) 355-4664 or by email at volkerm@msu.edu