OHIO ACADEMY of MEDICAL HISTORY
ANNUAL MEETING

April 16, 2016

Health Sciences Library, Ohio State University

Registration Form

Name ____________________________________________________________

Institutional Affiliation ____________________________________________

Address _________________________________________________________

_________________________________________________________________

State ____________________ Zip ________________________________

Phone: ___________________________________________________________

Email: ___________________________________________________________

Please include an email address, if possible. This is how we will communicate with you.

Annual Meeting (includes buffet lunch) $35.00 p/person x ____ = $_________

Total = $_________

To register for the meeting, please complete this form, make check payable to OAMH and return both (by April 11th) to:

Ohio Academy of Medical History
c/o Jennifer K. Nieves
11000 Euclid Ave.
Cleveland, OH 44106-1714