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3rd Annual UMass Professional Science Master's (PSM) Conference
November 4, 2011
9 am - 3 pm
UMass Medical School, Worcester Campus

Salutation _____

Current Date

First Name _____

Last Name: _____

Title _____

Organization _____

Address 1 _____

Address 2 _____

City _____ State Zip _____

Telephone: _____

Email _____

Affiliation

Focus group(s) of interest:

- Internships
- PLUS (Business/Communication) Course Development
- Academics/Admissions

I plan to attend lunch:

- YES
- NO

NOTE: If you are not using a desktop email application you will need to save this registration form as a PDF and then send an email to psm_umass@uml.edu with this PDF attached.