# Student Organization Registration Form

## Date:

Registered with ORCSA*? (Circle)  Yes  No

### Name of Organization

**Mission statement**

What is the mission of your organization? Attach additional pages as needed.

**Annual Goals of the Organization**

What are the major activities your organization plans to sponsor in the coming year? Please also note the purpose of the event. Attach additional pages as needed.

### Organizational Leadership

**Principal Contact for Organization (With Title If Applicable):**

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>CONTACT NUMBER</th>
</tr>
</thead>
</table>

**Secondary Contact for Organization (With Title If Applicable):**

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>CONTACT NUMBER</th>
</tr>
</thead>
</table>

**Additional Contact Information (With Titles If Applicable):**

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<tr>
<th>EMAIL ADDRESS</th>
<th>CONTACT NUMBER</th>
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</table>

Attach extra sheet with additional contacts if needed.

### Pritzker School of Medicine Faculty Sponsor

**Faculty Sponsor Name:**

**Department:**

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<tr>
<th>EMAIL ADDRESS</th>
<th>CONTACT NUMBER</th>
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### Signatures

I certify that the information contained in this application is accurate to the best of my knowledge:

**Signature of principal organizational contact:**  Date:

**Signature of faculty sponsor:**  Date: