Journeys and Destinations
Exploring Careers in Health and Science

October 24, 2019
St. Catherine Hospital
Classroom 1
401 E Spruce St. • Garden City, Kan.
9 a.m. - 2 p.m.

Schedule for the day
8:30 - 9:00 a.m. . . . . . . . . . . . . . . Check-in
9:00 - 9:30 a.m. . . . . . . . . . . . . . . General Session
9:30 - 10:00 a.m. . . 1st Concurrent Session
10:05 - 10:35 a.m. . . 2nd Concurrent Session
10:40 - 11:10 a.m. . . 3rd Concurrent Session
11:15 - 11:45 p.m. . . 4th Concurrent Session
11:45 - 12:25 p.m. . . . . . . . . . . . . . . Lunch
12:25 - 12:55 p.m. . . 5th Concurrent Session
1:00 - 1:30 p.m. . . . . . 6th Concurrent Session
1:35 - 2:05 p.m. . . . . . 7th Concurrent Session
2:05 - 2:15 p.m. . . . . . Evaluation & Dismissal

For more information:
Contact KU Medical Center AHEC at 620.235.4040 or snutt@kumc.edu
Visit our website: www.kumc.edu/journeys
Follow us on social media:
facebook.com/kuahec
@ku_ahec  #JandD
Registration Instruction

To secure your students' participation in Journeys and Destinations, please complete the following information for each person attending. There is an initial limit of 10 students per school and the deadline for registration is October 16, 2019. After that, any remaining places will be opened up to schools who have already registered so that they can offer the opportunity to more students.

Each student will attend all concurrent sessions. The order in which they attend the sessions will be provided at check-in the morning of the event.

KU Medical Center AHEC
1501 S. Joplin
Shirk Hall, 4th Floor
Pittsburg, KS 66762

PLEASE NOTE
Photos will be taken during this event and may be utilized on the sponsors' web sites, Facebook and digital or printed publications. These sites and publications are for the purpose of health career promotion. The sponsors will not gain financially from the use of the photos.
To Register:
MAIL: Send registration form to AHEC Statewide Office, 1501 S. Joplin, Shirk Hall, 4th Fl., Pittsburg, KS 66762
PHONE: (620) 235-4040
FAX: (620) 235-4041
EMAIL: snutt@kumc.edu

School Information
School Name: _______________________________ USD #: ______
Contact Name: _______________________________
Adult Sponsor(s): ____________________________
Address: __________________ City: __________ State: ___ Zip: ______
Telephone: ( ) _____ - _______ County: __________
Email: ______________________________________

Student Information
<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>6.</td>
</tr>
<tr>
<td>2.</td>
<td>7.</td>
</tr>
<tr>
<td>3.</td>
<td>8.</td>
</tr>
<tr>
<td>4.</td>
<td>9.</td>
</tr>
<tr>
<td>5.</td>
<td>10.</td>
</tr>
</tbody>
</table>

Cost
$10 per student

Payment Information

METHOD OF PAYMENT:
☐ Check enclosed for $ ________ made payable to KU Medical Center AHEC
☐ P.O. # ________________ (please attach)
☐ Charge credit card: ☐ Master Card ☐ VISA ☐ Discover ☐ American Express
Card No. __________________________ Name on Card __________________________
Exp. Date __________ CVV ________ Billing Address (street/city/st/zip) __________________________
Receipt Emailed To __________________________

Notice: ☐ If you will need special accommodations for yourself or any of the students, please check the box and return to AHEC Statewide Office at least two weeks prior to the program date. You will be contacted personally by a member of the continuing education staff.