2017 STUDENT ORGANIZATIONS FAIR

ANNUAL REGISTRATION

Student Organizations @ West Virginia University –HSC (304) 293-2408 Office * (304) 293-4300 Cheryl

http://medicine.hsc.wvu.edu/md-student-services/organizations/

Name of Organizati	ion:			Abbreviation:	
TYPE (check one): _	Honor	Multi-Cultural	Professional	Recreational	
Religious	Service	Special Interest	Sports Clubs	Other	
Student Organization	on Email				
Student Organization	on Website				
Student Organization	on Facebook/1	Fwitter/Other			
*** O	rganizations a	re required to have e	lected officers in go	ood standing***	
If an officer does not meet the requirement, he/she will need to step down until status change.					
President:					
E-Mail Address:			Ph	Phone:	
Vice President					
E-Mail Address:			Ph	one:	
Treasurer					
E-Mail Address:			Ph	one:	
Meeting Day(s):			Me	eeting time:	
Meeting Place:					
ADVISOR:			Ph	one:	

"STUDENT ORGANIZATIONS FAIR"

FOR THE CLASS OF 2021 THURSDAY, AUGUST 10, 2017 1:00 p.m. – 4:00 p.m. HSC MEMORIAL GARDEN

BASIC PROVISION OF MEMORANDUM OF UNDERSTANDING

	(Name of Organi	ization)				
	ndent organization participating in the St rganization agrees to the following:	udent Organizations Fair, the above				
1	. Appoint at least one (1) representa	Appoint at least one (1) representative to participate in the event.				
2	0 1	Setting up and dismantling booth is the responsibility of the organization representative including cleaning their area.				
3. Promote and support the event with other classmates.						
_	Check here if vendor will need ele	ectrical access				
-	2Number of chairs needed					
_	1Number of tables needed					
Other re	equests and/or special needs					
Signature of Organization Representative		Date				
Contact	Name:					
Phone: .						