

**SUMMER ONCOLOGY RESEARCH PROGRAM
 MEDICAL AND DENTAL STUDENTS
 ROSWELL PARK CANCER INSTITUTE
 June 7 through July 30, 2010**

Name: _____

Current Address: _____

City: _____ State _____ Zip: _____

Permanent Address: _____

City: _____ State _____ Zip: _____

e-mail Address: _____ Telephone Number: (____) _____

Social Security Number: _____ Date of Birth: _____

Place of Birth _____ Race (Optional): _____

Citizenship: _____ Permanent Resident: _____

School: _____ Year in School: _____ 1 _____ 2 _____ 3 _____ 4

Please indicate, partial list provided below, three areas you would be interested in studying this summer.

First choice: _____

Second choice: _____

Third choice: _____

Below is a partial listing of areas of study. You are not restricted to these choices. If you are interested in an area that does not appear below, please indicate your choice in the space provided above.

- | | |
|-------------------------------------|--------------------------------------|
| Anesthesiology/Pain Management | Breast Surgery |
| Cancer Prevention & Epidemiology | Cell & Molecular Biology |
| Dentistry/Maxillofacial Prosthetics | Clinical Pharmacology & Therapeutics |
| Diagnostic Radiology | Dermatology |
| Gynecologic Oncology | Genetics |
| Immunology | Laboratory Medicine |
| Mammography | Medical Oncology |
| Neurology | Nuclear Medicine |
| Pathology | Pediatrics |
| Psychosocial Oncology | Radiation Medicine |
| Surgical Oncology (indicate area) | Urologic Oncology |

I would be interested in conducting research in the following areas (indicate 1st, 2nd or 3rd choice by placing number in the appropriate blank.)

_____ Clinical Research _____ Basic Scientific Research _____ Both

(OVER)

