

Illinois-Peruvian American Medical Society (IL-PAMS)

A Nonprofit Organization
IRS 501 (c) (3) # 36-3723695

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President

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Treasurer/ Committee Chair

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Committee Support

Efrain Flores



REGISTRATION FORM

NAME: _____

EMAIL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

Are you: RUNNING or WALKING

Gender: MALE FEMALE

T-Shirt size: SMALL MEDIUM LARGE X-LARGE

Please select your age group for purpose of medal awards

(RUNNERS ONLY):

15 or less 16-30 31-45 46-55 56-65 66-75 76 & ABOVE

PLEASE TELL US HOW YOU HEARD ABOUT THIS EVENT:

www.ilpams.org