



Mini Medical School – Venue Completion Form

This document should only be filled out by Project Leaders

Project Group: _____

Venue: _____

Name: _____

E-Mail: _____

Phone: _____

Year: 1 2 3 4 5+

In the box below, please upload a picture of your group with your presentation board from the venue. You **MUST** include both yourself as well as all group members who were at the venue. If members were present at different times during the venue, you can upload multiple pictures. Anyone who is not pictured below will **NOT** receive hours or points towards their group.

A large, empty rectangular box with a black border, intended for uploading a photograph of the project group and their presentation board from the venue.

Please list the names of all members pictured above: _____

Number of Attendees: _____



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Were there any questions from the audience that you or your group had trouble answering? If so, please list them below.