

Medical Technology Internship Matching Program of Michigan (MTIMPM)

**University**

**BILLING STATEMENT**

Return the billing statement with appropriate fee by **November 1st**

Participation Fee =	\$20.00
University Name:	

Return with check or money order payable to: **MTIMPM (Federal Tax ID: 26-3517558)**  
**1140 Abbott Rd. #4054**  
**East Lansing, MI 48826**