

POSTMARK DEADLINES
SPRING MATCH FEBRUARY 17, 2009
FALL MATCH SEPTEMBER 25, 2009

Last Name _____

First Name _____ Middle Initial _____

Address _____

Address _____

City _____

State _____ Zip _____ Country _____

College or University where verification statement was or will be granted _____

E-mail address _____ Telephone (____) _____

Social Security Number _____
 Social Security Number _____
 Social Security Number _____
 Social Security Number _____

I certify that the preferences are correct as written and marked. I agree to adhere to the results of the computer matching process and to accept a match to any program on my list of preferences.

Additional preferences, if any, may be listed on a separate sheet.

 SIGNATURE DATE

Order Internship Preferences

Code No. 1st _____ Internship _____
 Code No. _____ Internship _____

FOLD HERE *FOLD HERE*

Code No. 2nd _____ Internship _____
 Code No. _____ Internship _____

Code No. 3rd _____ Internship _____
 Code No. _____ Internship _____

Code No. 4th _____ Internship _____
 Code No. _____ Internship _____

Code No. 5th _____ Internship _____
 Code No. _____ Internship _____

Code No. 6th _____ Internship _____
 Code No. _____ Internship _____

Code No. 7th _____ Internship _____
 Code No. _____ Internship _____

Code No. 8th _____ Internship _____
 Code No. _____ Internship _____

FOLD HERE *FOLD HERE*

Code No. 9th _____ Internship _____
 Code No. _____ Internship _____

Code No. 10th _____ Internship _____
 Code No. _____ Internship _____

Code No. 11th _____ Internship _____
 Code No. _____ Internship _____

Code No. 12th _____ Internship _____
 Code No. _____ Internship _____

Code No. 13th _____ Internship _____
 Code No. _____ Internship _____

Code No. 14th _____ Internship _____
 Code No. _____ Internship _____

 Social Security Number

Return this form to:
D & D DIGITAL
ADA DI COMPUTER MATCHING
304 MAIN ST
AMES, IA 50010-6148
Telephone (515) 292-0490
 on or before the postmark deadline by certified mail with return receipt.

RELEASE INFORMATION

Since the number of applicants will probably exceed the number of available positions, D & D Digital cannot guarantee that every applicant will be matched to a Dietetic Internship Program.

I hereby give my permission to D & D Digital to include my name on either a list of applicants who were matched or a list of applicants who were not matched. These lists will be released to all ADA Dietetic Internships and Didactic Programs.

I do not wish to have my name released.

 SIGNATURE

 PRINTED NAME

 DATE

 SOCIAL SECURITY NUMBER

CHECKLIST

- Applications sent to Dietetic Internship Programs.
- Contact information filled out.
- DI preferences filled out and signed.
- Release information choice selected and signed.
- A check or money order to D & D Digital for \$50.00 enclosed.
- Order of DI Preference Ranking form and fee returned to:
D & D DIGITAL
ADA DI COMPUTER MATCHING
304 MAIN ST
AMES, IA 50010-6148
 Send by **CERTIFIED MAIL WITH POST OFFICE RETURN RECEIPT REQUESTED** on or before the postmark deadline.
- A username and password will be sent via e-mail once payment is completed to allow online access at www.dndigital.com to verify and change, if necessary, your information for Computer Matching.