

# ***COURSE REGISTRATION FORM***

***If fee is required mail to:*** Commonwealth Health Corporation  
 Education and Development Department (EDC)  
 250 Park Street, Bowling Green, KY 42101  
 Phone: (270) 796-2566 FAX: (270) 796-6888

*Please print and complete ALL information.*

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Department/Employer:</b>	
<b>Title:</b>	
<b>Social Security Number:</b>	
<b>Professional License #:</b>	
<b>Course Title:</b>	
<b>Date/Time of Program:</b>	
<b>Amount Enclosed:</b>	

- Pre-registration is required for all offerings to ensure adequacy of space and material. The Education Department must receive pre-registration two days prior to the date of the course. Late registration is accepted only if seating is available. Priority will be given to those CHC registrants who require the course for their licensure or department.

Please check the method of payment:  Check  Money Order  Visa  Mastercard  Discover  
 (Make checks payable to The Medical Center-Education)

Card #		Authorized amount to be charged: _____	Expiration Date: _____
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Signature: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

(Must have a signature to authorize the amount to be charged)

***This form may be duplicated.***