CHC
COMMONWEALTH
HEALTH
CORPORATION

Education and Development Department
Course Registration Form

Pre-registration is required one (1) week prior to the start date of the course to ensure adequate space and material. Late registration is accepted only if seating is available. Class registration may be rescheduled or cancelled by calling the Education Department at 270-796-2566. If registration is cancelled, registration fee will be returned minus $50 (or 20%) processing fee. Participants may be substituted.

Please complete *ALL* information

Please Print

Course Requested: **Understanding AIDS Self Study**

Date: _____Time: _____Cost: **$30**

Name:																											

Address: _____

City, _____State,_____ Zip code: _____

Daytime Phone: ( )_____

Email address: _____

Employer: _____

Title: _____

Social Security Number: _____

Professional License Type:_____Number:_____

Payment Method:

1. Check enclosed – Make checks payable to: The Medical Center
2. Credit Card / Debit Card (Circle) Visa MasterCard Discover

Name as it appears on card: _____

Card #					-					-					-				

Expiration Date:_____

Please mail completed form and payment to:
Commonwealth Health Corporation
Education and Development
800 Park Street
Bowling Green, KY 42101

Or email completed form to pennam@chc.net For questions or more information, call 270-796-2566