



If you have not already done so, please create your MyAHEC account today!

1. Go to <u>https://www.wakeahec.org</u>.

- 2. Create an account using the link in the top black bar at the upper right of the page.
- 3. Respond to the verification email from MyAHEC to complete the process.

You will need a MyAHEC account to register for Wake AHEC programs, obtain handouts, and access other materials.

Registration Form

(Please print.)

ogram Name ogram Date						
-		/egetarian Meal				
Preferred Email:			(REQUIRED)		Dr. Mr. Ms. Mr	
First Name		MI		Last		
Clinical Specialty				Degree(s) (e.g., MD, PharmD, MS, BS)		
Home Address				City		
State	Zip		Home County	Home Pho	ne	
Employer				Job Title		
Work Addre	SS			City		
State	Zip		Work Fax	Work Pho	ne	
Department						
Payment O Check e Credit C	ers and address P ptions Paym enclosed. (Make Card: <i>Contact (P</i>	indicated. ent of check, credit (check payable to Wa roject Coordinator) a	c ard or supervisor s ake AHEC.) t 919-350-XXXX and	signature must a	-	
	er will make pa	yment. Supervisor to	complete below ar	_	Phone	

By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a substitute, you will be invoiced for the full program fee.

WakeMed Employees Only: An Education, Meeting & Travel Request Form must be submitted with the registration for processing if your department is paying. Register online today! www.wakeahec.org Fax: 919-350-0470 Mail: Wake AHEC 3261 Atlantic Avenue, Suite 212 Raleigh, NC 27604-1657

Questions? Contact wakeahecinfo@wakeahec.org or 919-350-8547.

Wake AHEC is part of the North Carolina AHEC Program.