wakeAHEC
BETTER HEALTHCARE THROUGH EDUCATION

Registration Form

(Please print.)

Program Name: _____

Program Date: _____

Please check if needed: ___ Vegetarian Meal

Preferred Email: _____**(REQUIRED)** ☐**Dr.** ☐**Mr.** ☐**Ms.** ☐**Mrs.**

_____

First Name MI Last

_____

Clinical Specialty Degree(s) (e.g., MD, PharmD, MS, BS)

_____

Home Address City

_____

State Zip Home County Home Phone

_____

Employer Job Title

_____

Work Address City

_____

State Zip Work Fax Work Phone

_____

Department

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Payment Options **Payment of check, credit card or supervisor signature must accompany registration.**

❒ Check enclosed. (Make check payable to Wake AHEC.)

❒ Credit Card: *Please call 919-350-8547 and ask for the project coordinator associated with this program in order to provide credit card information.*

❒ Employer will make payment. Supervisor to complete below and fax registration to 919-350-0470.

_____

Supervisor's Name (Printed) (Signature) 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? Please call us at 919-350-8547.

Wake AHEC is part of the North Carolina AHEC Program.