

EVENT REGISTRATION

Event/Activities (list all activities below)				
Event/Activity	Location	Start Date	End Date	Fee

About You (* = required information)					
Name			Professional Information		
Prefix			*Job Title		
*First Name			*Department		
Middle Name			*Profession/Specialty (check one)	<input type="checkbox"/>	Hygienist
*Last Name				<input type="checkbox"/>	MD
Suffix				<input type="checkbox"/>	Nurse/RN
				<input type="checkbox"/>	Other
				<input type="checkbox"/>	Safety
For U of MN students only:					
X.500 username			Your Organization		
Student ID			*Name		
			*Division		
			*City		
How did you hear about this event?			*State		
*Advertising Method (check one)	<input type="checkbox"/>	Brochure	*Type (check one)	<input type="checkbox"/>	Academic
	<input type="checkbox"/>	Catalog		<input type="checkbox"/>	Federal Government
	<input type="checkbox"/>	Listserv		<input type="checkbox"/>	Local Government
	<input type="checkbox"/>	Online		<input type="checkbox"/>	Other
	<input type="checkbox"/>	Other		<input type="checkbox"/>	Private Industry
			<input type="checkbox"/>	State Government	

Contact Information (* = required information)					
Mailing Address:			Organization Billing Address (if different from mailing address):		
*Name			*Name		
*Address 1			*Address 1		
Address 2			Address 2		
Address 3			Address 3		
Address 4			Address 4		

*City		*City	
*State		*State	
*Zip		*Zip	
*County			
Country		Country	
*Phone		*Phone	
Fax		Fax	
*Email			

Please check this box if you do not want to have your contact information shared with other course participants.

Payment Information (select one):			
<input type="checkbox"/>	I will call with credit card or purchase order information. If you select this option, mail or fax the form to us first (see address/fax number below). Our phone number is 612.626.4515.		
<input type="checkbox"/>	I will fax credit card or purchase order information. If you select this option, write in your credit card or purchase order number below, and fax this form to 612.626.4525.		
	Name on credit card:	Circle one: MasterCard Visa	Account Number:
	Expiration Month:	Expiration Year:	Signature:
<input type="checkbox"/>	I will mail a check via US Mail. If you select this option, make your check payable to University of Minnesota/CPHEO. Mail the check and this form to Registrar, Centers for Public Health Education and Outreach, University of Minnesota, 2221 University Avenue SE, Suite 350, Minneapolis, MN 55414.		
<input type="checkbox"/>	Purchase Order Number:		
<input type="checkbox"/>	No Charge (if applicable)		

Comments
Please enter any special needs or dietary requirements below so that we can make arrangements to accommodate you. Courses are held in smoke-free and handicapped accessible facilities.

Please note: If your registration is submitted less than 24 hours before the course begins, we cannot guarantee that the Registrar will have your information at the start of the course. Please bring a copy of your registration confirmation email to the course to expedite the sign-in process.
Thank you for your interest in our courses.

Centers for Public Health Education and Outreach
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Minneapolis, MN 55414
612-626-4515 (phone)
612-626-4525 (fax)