

**Registration Form**

Complete form and fax or mail to:

Johns Hopkins University ERC  
Bloomberg School of Public Health  
Keith Choi, Program Assistant  
615 N. Wolfe Street, Room W7517  
Baltimore, MD 21205

410-955-4088 (voice), 410-614-4986 (fax) or email: kchoi@jhsph.edu

Once your registration and payment is received, a letter of confirmation and instructions will be forwarded to you.

Mr.       Ms.

\_\_\_\_\_  
Name (First MI Last) Credentials

\_\_\_\_\_  
Home Address:    Street City State Zip Code

\_\_\_\_\_  
Home Phone Number Work Phone Number Fax Number

\_\_\_\_\_  
E-mail Address Occupation Job Title

Do you work for?    Maryland Department of the Environment      Department of Health and Mental Hygiene  
Other \_\_\_\_\_      Maryland Local Health Depts.

\_\_\_\_\_  
Company    Name Street Address

\_\_\_\_\_  
City State Zip Code

Course #	Start Date	Course Title	Tuition

Method of payment will be (check one):

**Attendance Authorized By (Name & Dept.):**

- Check or money order (payable to Johns Hopkins University).
  - enclosed       in the mail/to follow
- Tuition paid for by MDE, DHMH or Maryland Local Health Depts.
- Please charge my tuition and fees to my credit card (Complete below information and mail or fax in.).

MasterCard       Visa       Discover

\_\_\_\_\_  
Card Number Expiration Date

\_\_\_\_\_  
Print Cardholder's Name Cardholder's Signature

Where did you learn about this course? \_\_\_\_\_