

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? _____