

**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 W7041  
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?     Private Industry     Federal Govt.     State Govt.     Local Govt.  
                                  Foreign Govt.     Other \_\_\_\_\_

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

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

| Course # | Start Date | Course Title | Tuition |
|----------|------------|--------------|---------|
|          |            |              |         |

Method of payment will be (check one)

- Check or money order (payable to Johns Hopkins University).
  - enclosed       in the mail/to follow
- Tuition Remission
- Please charge my tuition and fees to my credit card (Complete below information and mail or fax in.).

MasterCard       Visa       Discover

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Card Number Expiration Date

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Print Cardholder's Name Cardholder's Signature

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