

**APPLICATION FORM**

The Johns Hopkins University Bloomberg School of Public Health  
Health Emergencies in Large Populations (H.E.L.P.) Summer Institute  
July 6 – July 24, 2009

*(Please print or type)*

**PERSONAL INFORMATION** (please attach a brief personal Curriculum Vitae)

**Title:** Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

**Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_  
*First M.I. Last Name Jr., Sr., II, III*

**Gender:** Male \_\_\_ Female \_\_\_

**Academic Degree for Certificate:** \_\_\_\_\_ (i.e. M.D., Ph.D., M.P.H., etc)

**Social Security Number:** \_\_\_\_\_ **Date of Birth (mm/dd/yy):** \_\_\_\_\_  
*(SSN and birth date are required if you are taking this course for academic credit)*

**Occupation:** \_\_\_\_\_

**Country of Legal Residence:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Preferred Mailing Address:** Home \_\_\_ Office \_\_\_

**Home Address:** \_\_\_\_\_  
*Street City State/Prov Zip/Postal Code*

**Country:** \_\_\_\_\_ **Home Telephone:** (\_\_\_\_) \_\_\_\_\_  
*Area Code/Number*

**Work Address:** \_\_\_\_\_  
*Street City State/Prov Zip/Postal Code*

**Country:** \_\_\_\_\_

**Work Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
*Area Code/Number Area Code/Number*

**Primary Email:** \_\_\_\_\_

**PROFESSIONAL EXPERIENCE** (Start with current position)

Employer	Position/Title	Activities	Dates (mm/yyyy)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



**COURSE INFORMATION**

\_\_\_ Academic Credit (subject to change) \$4075

\_\_\_ Non-Credit \$1900

**FEES**

Non-Refundable Tuition Deposit Enclosed: \$\_\_\_\_\_ (\$300 minimum due by June 1, 2009)

Total Payment: \$\_\_\_\_\_ U.S. Dollars

Balance Due: \$\_\_\_\_\_ by July 6, 2009

**PAYMENT METHOD**

Tuition Remission Voucher \_\_\_\_\_

Purchase Order or Contact Document No.: \_\_\_\_\_

Check (payable to Johns Hopkins University) # \_\_\_\_\_

Credit Card: Discover \_\_\_ MasterCard \_\_\_ Visa \_\_\_

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To guarantee your place in the course, applications must be received no later than June 1, 2009, accompanied by a deposit of \$300. The balance due must be received on or by July 6, 2009. Refunds (excluding deposits) will be issued by written request if received by June 1, 2009. Those seeking academic credit must complete the academic credit form, which will be available during registration.***

**Send your completed application and curriculum vitae to:**

**By Mail:** Johns Hopkins Bloomberg School of Public Health  
Summer Institute Office  
615 N. Wolfe Street, W1101  
Baltimore, MD 21205

**Electronic Submission:** Email your application and C.V. as separate attachments to [sslimited@jhsph.edu](mailto:sslimited@jhsph.edu). Please copy the H.E.L.P. Program Coordinator at [helpcour@jhsph.edu](mailto:helpcour@jhsph.edu) to ensure that your application is received and processed correctly.