



You may register on-line using your Master Card or VISA at

<https://www.arealahec.org/courses-and-events>

or by faxing or mailing in your registration form.
Payment must be received prior to the program.

REGISTRATION FORM

(This form may be duplicated. Complete a form for each person registering.)

Program Title: _____

Date of Program: _____

Registration fee: _____ **Event Number:** _____

Last Name: _____ First Name: _____ MI: _____

Last 4 digits of SS#: _____ Degree(s): _____

Discipline (circle one): Dental Other

Specialty/Position: _____ Occupation: _____

Employer: _____ Department: _____

Employer Address: _____ City: _____

State: _____ Zip: _____ County: _____ Work Phone: _____

Home Address: _____ City: _____

State: _____ Zip: _____ County: _____ Home Phone: _____

E-Mail: _____ Prefer mail at: _____ Office or _____ Home

NOTE: To update our computer records, all of the above is needed.

Registration for this program via mail, fax, or online acknowledges your responsibility of payment.

To register and pay by check, make check payable to Area L AHEC and mail to:

Attention: Registration
Area L AHEC
Post Office Drawer 7368
Rocky Mount, NC 27804-0368
Telephone: (252) 972-6958
Fax: (252) 972-0419

Amount Enclosed: _____
Payment by: Individual Agency

Signature: _____



NOTE: If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Ms. Brenda Boykin by phone (252) 972-6958 or by fax (252) 972-0419, no later than 14 days before the activity.

Please bring a jacket or sweater to ensure your comfort. We cannot assure a constant room temperature.