



REGISTRATION FORM

Today's Date:		Requested Dates of Attendance:	
(Please note, due to limited class size, if the dates you have chosen are already full, you will be contacted for alternate dates.)			
CONTACT INFORMATION			
If you are registering/paying for someone else within your organization, please list YOUR name and email:	Name:	Email:	
ATTENDEE INFORMATION			
If you are registering/paying for someone else within your organization, please list THE ATTENDEE'S name and email:	Name:	Email:	
Attendee's Mailing Address:			
Phone:		Fax:	
Business Name:	Attendee Title:	Attendee Credentials:	
How did you hear about Frontiers in Telemedicine?			
IN CASE OF EMERGENCY			
Name of friend or relative who can be reached in case of emergency:		Relationship to attendee:	Phone:
PAYMENT INFORMATION			
Internal Registrant Fee:	<input type="checkbox"/> Employees with R# - \$600/each	Please list employee R#:	
External Registrant Fee:	<input type="checkbox"/> One Person - \$750.00	<input type="checkbox"/> Two Persons - \$675.00/each	<input type="checkbox"/> Three Persons - \$637.50/each <input type="checkbox"/> Four or More - \$600.00/each
Note: External group registration forms must be <u>received together</u> to qualify for the group discount. Discount rate is subject to final approval. All parties must register and attend the same class dates. <u>List Names of others in your group:</u>			
Payment (select one):	<input type="checkbox"/> TTUHSC Internal Transfer	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card (see below) <input type="checkbox"/> Other (explain)
<ul style="list-style-type: none"> If paying by TTUHSC Internal Transfer, list FOAP here: If paying by check, make payable to "TTUHSC FMHIRCH" and mail to the address listed below. If paying by Credit Card, please go to http://frontiersintelemedicine.org/registration.html and make your payment online. PLEASE NOTE: credit card payments can only be done for full \$750.00 payments. Discounted rates must be paid using check or transfer. 			
Please mail check with registration form to: TTUHSC FMHIRCH Frontiers in Telemedicine, Attn: Program Manager 3601 4th Street, Mail Stop 7110, Lubbock, Texas 79430 If questions, please call 806-743-7960 or email FrontiersInTelemedicine@ttuhsc.edu			
NOTE: Refunds are not allowed; however, substitutions will be accepted if the original attendee has not completed the online portion of the course.			