

Registration

Register online anytime @ www.gahec.org

Payment must be received with registration. Please make checks payable to: **Greensboro AHEC**

If you prefer to register online, go to www.gahec.org and click "Search for a Course." Next, click on the course you want to attend. Click on the link at the bottom of the page that says "Click Here To Register Online For This Event" where you are taken to a secure Online Registration Area. Type in your last name and last 4 digits of your social security number and follow the remaining steps.

FAX this form to: 336-832-7591 • Or MAIL to: Greensboro AHEC, 1200 N. Elm St., Greensboro, NC 27401-1020

PID #: _____ **Last name + last 4 digits of social security #.** Your Personal ID (PID) is the **ONLY** personal data you need to provide if you have received a PID # from previous AHEC programs. If you have changes to your personal information or have never received an AHEC PID, complete the information below.

Name _____ Last 4 digits of SS#
FIRST LAST MI SUFFIX

Phone: _____ Certification/Degree: _____
HOME OFFICE

Fax _____ Employer _____
HOME OFFICE

Email _____ Title _____
HOME OFFICE

Office Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Desired Credit _____

Discipline: *Circle one:* Allied Health, Dentistry, Health Careers, Medicine (MDs only), Mental Health, Nursing, Other, Pharmacy, Public Health

Specialty _____ (Ex. Counselor, Dentist, Physical Therapy, Registered Nurse, Social Worker)

CPE Monitor Information (For Pharmacist and Pharmacy Technicians only)



NABP e-Profile ID: _____ DOB: MM/DD: _____

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and addresses indicated.

Special dietary needs _____

How did you find out about this program? Brochure Catalog Email Flyer Website Facebook

Payment Options: (Check one)

Payment must be received with registration.
 Check enclosed MCHS Internal Transfer: 13-digit Cost Center # _ _ - _ _ _ _ _ - _ _ _ _ _ Credit Card

Indicate Credit Card Type: (these only)

VISA MasterCard (NOTE: Your statement will show, "Moses Cone-AHEC") Card #: _____ Exp. Date: _____

Name _____ Cardholder Signature _____

Course Selections

| EVENT TITLE | EVENT # | EVENT DATE | FEE |
|---|---------|------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Amount enclosed for Event(s) | | | \$ |