



Registration Form

Instructions: Type to fill-in the blanks. When complete, go to File > Save as > give a file name > and Save! Print out the form and mail in to the address below.

MAIL: Greensboro AHEC, 1200 N. Elm St., Greensboro, NC 27401-1020
or Email: ahec.customerservice@conehealth.com

Payment must be received with registration. Please make checks payable to: Greensboro AHEC
Easy registration at www.gahec.org

Email: _____ (Required) Last 4 digits of SS# _____

First Name _____ Last Name _____ Middle Initial _____ Suffix _____

Home Phone _____ Office Phone _____ Certification/Degree _____

Home Fax _____ Office Fax _____

Employer _____ Title _____

Office Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Desired Credit _____ Discipline: (Select one) Allied Health Oral Health Health Careers

Medicine (Physicians only) Behavioral 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.

If you have any food allergies, ADA requirements, or comments please enter them here _____

Lunch options: Regular Vegetarian Gluten free

How did you find out about this program? Brochure/Postcard Email Flyer Website Facebook Twitter Instagram

Payment Options: (Check one)

Or easy online registration at www.gahec.org

Click "Register for Continuing Education Conferences" for available courses and events. Click on the "Register" button and follow the steps.

Payment must be received with registration.

MCHS Internal Transfer: 13-digit Cost Center:

_____ - _____ - _____

Check enclosed (make payable to Greensboro AHEC)

Mail form to: Greensboro AHEC, 1200 N. Elm Street
Greensboro, NC 27401-1020

Credit Card (Visa or MasterCard only)

Email form to ahec.customerservice@conehealth.com.

A project specialist will call you for your credit card information.
Registration is not complete until payment is received.

NOTE: You will need a **MyAHEC account** to register for programs, obtain handouts, and access other materials. Go to gahec.org/create-account and enter your email address to sign in or create a **MyAHEC account**.

Course Selections

EVENT TITLE	EVENT #	EVENT DATE	FEE
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount enclosed for Event(s) \$ _____