

Translating Science into Personalized Health Care Registration Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail (required): _____

REGISTRATION FEES (PLEASE SELECT ONE)

- Government and Academic Participants: \$80
Government/Academic employees must bring ID to registration
- Industry/Public Participants: \$150
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PAYMENT METHOD (PLEASE SELECT ONE AND SUPPLY INFORMATION COMPLETELY)

PURCHASE ORDER # _____

AGENCY CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD

NUMBER: _____ EXP: _____

NAME ON CARD: _____

CHECK ENCLOSED, PLEASE PROVIDE NUMBER. _____

Register via fax: Please send completed registration form to (614) 292-0492

Register via mail: Please mail completed registration form to:

Office of Continuing Education

1050 Carmack Road

225 Mount Hall

Columbus, OH 43210

Register online: You can register online with a credit card or purchase order by visiting <http://ced.osu.edu>

Please contact Ashleigh Windnagel at (614) 688-3071 or Windnagel.1@osu.edu with any questions