

UAB Chemotherapy Certification

Registration form

Please complete (PLEASE PRINT or TYPE) the registration form and return to:
UAB Hospital Medical Nursing/CE Offering
619 19th Street South, Medical Education Building, Suite 508, Birmingham, Alabama
35249-6908 or Fax to (205) 975-6802.

Confirmation will be emailed or faxed to those who complete the registration form.

Payment must accompany all registrations. For questions, call (205) 934-9919.

Fax # (205) 975-6802. Attention: Shannon Graham

Last Name: _____ First Name: _____ MI: _____

E-mail Address: _____ Job Title: _____

Nursing License # _____ Fax Number: _____

Important: Bring nursing license for CEUs—You must scan your license in a card reader.

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Employer Name: _____ Business Phone: _____

(If UAB, include department/unit)

Employer Address: _____

City: _____ State: _____ Zip Code: _____

\$150.00 for 2 day class

Payment Method: (check one) Check/Money Order (make payable to UAB Hospital)

_____ Visa

_____ MasterCard

_____ Institutional Check

Card Holder: _____

Card No.: _____ - _____

(include 3-digit security verification code on back of card)

Expiration date: _____

Signature: _____

Registration/Cancellation Policy: Cancellations received no later than **3 days prior** to the class will receive a refund minus a \$25 administrative fee.

Cancellations received on or after the class will not receive a refund.

Tuition for this program **can** be transferred to another person without penalty. Registration cannot be shared among participants.

Please register at least one week prior to the class date.