NHSC? ☐ Yes ☐ No
(National Health Service Corp)

PEE DEE AHEC
Excellence in Health Care Through Education

Registration Form

Please PRINT clearly and fill out all parts of the registration form.

Incomplete registration forms will be returned.

Confirmation of your registration will be mailed to your home address

Please bring confirmation notice with you when you check-in for the program.

Program Title: _____ Program Date: _____Fee: _____

_____ ___ _____ **PAYMENT:** _____Institution
First MI Last _____Self
_____Credit/Debit 843-777-5340

Personal ID: _____/_____/_____
Birth Month/Day/ Last 4 digits of Social Security # **Supervisor signature**_____**(only required if institution is paying registration fee)

The following information is required for Federal grant purposes.

Gender: O Male O Female

Race: O American Indian or Alaska Native
O Native Hawaiian or Other Pacific Islander
O Underrepresented Asian
O Asian (not underrepresented)
O Hispanic or Latin
O White
O Black or African American

Birth Date:___/___/___

Home Phone # (____)____-_____ Work Phone #(_____)_____-_____ E-mail: _____

Home Address:_____
Street /P.O. Box City State Zip

Employer: _____ Department: _____ Employer County: _____

Licensure: RN___LPN___ Other: (Specify) _____ Health Profession_____

Work Address:_____
Street/P. O. Box City State Zip

REGISTRATION: Registration is required by fax or mail (7 calendar days) prior to the program. We do not accept telephone registration. If your payment is not received 7 days prior to the program, a $10.00 late fee must be included. **Mail your registration form to: Pee Dee AHEC, P.O. Box 100551 Florence, S.C. 29501 or FAX it to: 843-777-5354. Please note: your registration is not complete until payment is received.** If you have any questions call 843-777-5343.

PAYMENT: We now have the ability to accept payment via credit card. Please call Karen Price at 843-777-5340 to pay by credit card. Other forms of payment include: cash, money order, or check made payable to Pee Dee AHEC.

SUBSTITUTIONS AND CANCELLATIONS: If you are not able to attend the program, substitutes are acceptable with notification. If you are not able to attend the program and notify us within 48 hours, we will issue a full refund. If AHEC must cancel the program, we will issue full refunds.

CERTIFICATES: Professional continuing education certificates are made available at the **END** of each program. All programs offered by Pee Dee AHEC meet SC AHEC Best Practice Standards. You must be present for 90% of the program in order to receive credit. No partial credit can be given. There is a $5.00 charge for each duplicate certificate to replace lost ones or those not picked up at the completion of the program.

OFFICE USE ONLY

Confirmation given on _____
Via Post Card Home Phone
Work Phone Message left with_____
Email