

Emory Continuing Education

CHILDREN'S HEALTHCARE OF ATLANTA, CARDIOLOGY REGISTRATION FORM

Please print all information or fill out this form digitally.

| Employee Name: | | | Date: | | |
|----------------|---|--|-------------------------------|----------|--|
| | | Email: | Email: | | |
| Home A | Address: | | | | |
| Work P | hone: Personal Phor | ne: | | | |
| | R | egistration Guidelines | | | |
| 1. | Emory Continuing Education offers communication is available, please visit our co-branded webpag | _ | - | | |
| 2. | Click on a course that interests you, read the description, and choose one of the course sections that works best for you. | | | | |
| 3. | . List the course(s) you wish to take in the space below. Submit the form following the instructions at the bottom of the page | | | | |
| 4. | Once your enrollment has been approved and you are registered, you will receive an email to the address provided above confirming your registration. (Please check your junk/spam folders.) | | | | |
| 5. | Add the course date(s) to your work and/or pers above as the course approaches. | onal calendars to avoid conflicts. You | will receive a reminder email | provided | |
| If c | completed digitally, this form will calculate the co completing by hand, please leave the second t | | | ied. If | |
| Course ' | Title: | Date: | Tuition: | | |
| Course ' | Title: | Date: | Tuition: | | |
| Course ' | Title: | Date: | Tuition: | | |
| Course ' | Title: | Date: | Tuition: | | |
| Course ' | Title: | Date: | Tuition: | | |
| Course ' | Title: | Date: | Tuition: | | |
| | | | Total: | | |
| | | | Siblev Discount Total: | | |