Wake Forest University School of Medicine

NORTHWEST AHEC
PART OF NC AHEC

Registration Form

Activity Name: _____ **Date:** _____

Register online at www.nwahec.org or use the form below

Registration Fee: $_____

Please list credit requested:
(Details are available in the Credit section of the activity page on our website)
_____

Special Dietary Restrictions:
_____
_____

Last 4 digits of Primary Phone Number ☐☐☐☐ ** required*

_____
First Name *MI* *Last* *Degrees (e.g., MD)*

_____
Profession *Job Title*

_____
Home Address *City* *State* *Zip* *County*

_____
Home Phone *Cell Phone*

_____
Employer

_____
Employer Address *City* *State* *Zip* *County*

_____
Employer Phone *Employer Fax*

Email required: _____

☑ **Preferred Email** ☐ *Home Email* ☐ *Work Email*

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

Ways to Register:

- **Register online** by clicking the following link: **www.nwahec.org** **(recommended)**
  Visa, MasterCard, Discover Card and American Express accepted online only.
  Payment by check option also available.

☐ **Make check payable** to Wake Forest University Health Sciences and mail with registration form to:
Wake Forest University School of Medicine / NW AHEC
Medical Center Boulevard, Winston-Salem, NC 27157-3311
Attention: Northwest AHEC / Office of Continuing Medical Education, Finance

☐ **AHWFB Internal Transfer** **Cost Ctr** _ _ _ _ _ _ _ _ _ _ _ _ **Fund**_ _ _ **Project(Optional)** _ _ _ _ _ _ _ _ _ _ _ **Gift(Optional)** _ _ _ _ _ _ _ _ _ _ _

☐ **Employer will make payment.** Supervisor completes below and fax registration to 336-713-7701 or email to ahecmktg@wakehealth.edu

_____
Supervisor's Name (Printed) Signature Phone

By signing, I am certifying that agency payment will follow. If you have a balance due and do not attend or send a substitute, you will be invoiced for the full program fee.