

Registration Form

Free classes:

If you are signing up for a free class, please fax the registration form (PDF form or text form) on the back of our catalog to **(410) 614-3810**.

Fee Classes:

Please note, as of December 1, 2006, the tuition remission plan for full-time university faculty and staff has changed. See JHU's Tuition Remission Plan, Process Enhancements for details.

Tuition remission instructions for JHU employees only:

1. Complete the registration form (PDF form or text form)
2. Complete the Johns Hopkins University Tuition Remission Benefit Application
3. Fax both forms to **(410) 614-3810**.

Registrant paying by credit card:

1. Fax a copy of the completed registration form (PDF form or text form) to **(410) 614-3810**.

Registrant paying by check:

1. Fax a copy of the completed registration form (PDF form or text form) and a copy of your check, or approved check request to **(410) 614-3810**.
2. Print your name on your check and mail it with a copy of your registration form to:
Johns Hopkins University, Continuing Medical Education, P.O. Box 64128, Baltimore, MD 21264-4128

Registrant paying by University M&S:

1. Fax a copy of this registration form and a copy of your M&S to **(410) 614-3810**.
2. Mail original M&S to **2024 E. Monument Street, Suite 1-1200, Baltimore, MD 21205 Attn: Denise McCarty**

For all questions, contact Denise McCarty **(410-614-3035)**.

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(please print or type - photocopy if necessary)

Name:	_____	_____	_____	_____	_____	_____	_____	_____	SSN (for our office records)
Affiliation:	<input type="checkbox"/> SOM	<input type="checkbox"/> SPH	<input type="checkbox"/> SON	<input type="checkbox"/> JHH	<input type="checkbox"/> Homewood	<input type="checkbox"/> Mt. Washington	<input type="checkbox"/> Eastern	<input type="checkbox"/> Other	_____
Status:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Resident/Fellow	<input type="checkbox"/> Other	_____			

Campus address:	_____	City	_____	State	_____	Zip	_____
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Telephone: Daytime	_____	Evening	_____	E-mail	_____
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Daytime and evening phone numbers required in case of emergency. E-mail address required for registration confirmation.

course#	sec.	start date	course title	tuition
			total payment	

___ Please charge tuition to credit card ___ Visa ___ Mastercard (you can fax your registration to 410-614-3810)

Card # _____ Expiration Date: ___/___ Date: ___/___/___

Name as it appears on card (please print)

Signature