

Registration Form



TEACH

Teaching Excellence for a Career in Health

form may be duplicated

Phone: (910) 678-7201 **Fax:** (910) 678-0106 **Email:** Tonya.Burney@sr-ahec.org

(If paying by credit card, you may fax or email your registration)

Mail: SR-AHEC, Attention Health Careers, 1601 Owen Drive, Fayetteville, NC 28304

STUDENT:

First Name _____ Middle Initial _____ Last Name _____

Nickname _____ DOB Month/Day/Year ____/____/____

Gender: Male Female

Race/Ethnicity: American Indian Alaskan Asian (specify) _____ Black/African American

Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian Multiracial

Name of School _____ Current Grade _____

Expected Grad. Date _____ Health Careers Interest(s) _____

Home Address _____ City _____

State _____ Zip _____ Phone _____ E-mail _____

PARENT/GUARDIAN :

Name _____ Phone _____

Alt. Phone _____ E-mail _____

Payment Information

\$115 Registration

School Official Printed Name: _____ Signature: _____

Fee paid by: Check Enclosed Payable to SR-AHEC VISA Mastercard

Card# _____ - _____ - _____ - _____ Exp. Date ____/____

Name on Card _____ Signature _____

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

SR-AHEC.org
1601 Owen Drive • Fayetteville, NC 28304
(910) 678-7226

Southern Regional
AHEC | Area Health
Education Center