

Women's Health Center of Excellence
for Research, Leadership, Education
Wake Forest University School of Medicine

Registration Form: Women's Health Research Day

Please register by April 3, 2010

Name _____

Email Address: _____

Institution & Department: _____

Check One:

Faculty Fellow/Post-Doc Other: _____

Nurse Faculty/Staff Resident/Intern

Staff Student

IF EXTERNAL, please provide:

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Registration Fee: Same fee for partial or whole day participation. Check the appropriate box:

Regular Registration.....\$35 Student.....\$ 0

If you are **not** paying by internal transfer, please enclose payment (check or cash) with this form.
Make checks payable to **Wake Forest University Health Sciences**.

Internal Transfer Instructions

To complete an external transfer from your WFUSM department to the Women's Center, please submit a Request for Payment to the Controller's Office. Where you would normally write the justification for the charge, please state that you are paying a conference fee to the Women's Health Center of Excellence and request that the funds be deposited into account #331002-01-202000-10325-800-00000. Because the Women's Center does not have authority on your accounts, we cannot initiate this transfer - it must be submitted by a person in your department with the authority to spend your funds.

I would like to receive nursing contact hours. In order to receive these hours, I understand that I am required to attend the entire day, and complete an evaluation form for the event.

All completed registration forms must be returned to:

Natalie Barrett

Women's Health Center of Excellence for Research, Leadership, Education

Wake Forest University School of Medicine

2000 West First Street, Suite 101, Winston-Salem, NC 27104

Phone: 336-713-4220

Fax: 336-713-4228

Email: whcoe@wfubmc.edu