

Institute for Healthcare Communication Participant Application for IHC Workshop-PLUS

NAME OF PROGRAM _____

PROGRAM LOCATION _____

DATE OF PROGRAM _____ TUITION FEE **\$925.00 US**

Payable in full upon acceptance of application

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

NAME PREFERRED ON NAME TAG _____

DEGREE(S) _____

If nursing degree(s), please check all that apply: Associate's Diploma Bachelor's Master's Doctorate

POSITION TITLE _____

ORGANIZATION _____

ADDRESS _____

TELEPHONE _____ EXTENSION _____

FAX _____

E-MAIL _____

If it is more convenient for you to use your home address, telephone number and email address, please supply that information below:

ADDRESS _____

TELEPHONE _____ EXTENSION _____

FAX _____

E-MAIL _____

Where did you hear about this course? (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> IHC website | <input type="checkbox"/> Internet search | <input type="checkbox"/> Colleague/word of mouth |
| <input type="checkbox"/> I attended an IHC workshop | <input type="checkbox"/> I attended an IHC webinar | <input type="checkbox"/> IHC post-workshop survey |
| <input type="checkbox"/> Trained as an IHC faculty member | <input type="checkbox"/> Media/news | <input type="checkbox"/> Referred by my organization |
| <input type="checkbox"/> Other: _____ | | |

PAYMENT \$925.00

Tuition payment in full is due upon application acceptance. IHC accepts checks, credit cards (Mastercard, Visa, Discover) and PayPal.

Cancellation policy: 90% refund for cancellation 30 or more days before the program, 80% refund for cancellation within 30 days.

APPLICANT LEARNING GOALS

Applicant Name: _____

Please share one or more examples of challenging clinical interactions and/or skills you would like to focus on. Your input will contribute to the design of simulation practice sessions.

Thank you for taking the time to complete and sign this form.

(Applicant)

Signature)

(Date)

SUBMIT APPLICATION TO:

Teresa Durbin | E-mail: tdurbin@healthcarecomm.org | Institute for Healthcare Communication
171 Orange Street, 2R | New Haven, CT 06510 | Tel: (217) 621-6867 | Fax: (800) 538-6021