Institute for Healthcare Communication, Inc.
171 Orange Street, 2R|New Haven, CT 06510
Tel: (800) 800-5907|Fax: (203) 772-1066
E-mail: info@healthcarecomm.org|www.healthcarecomm.org

Institute for Healthcare Communication
Participant Application for IHC Workshop-PLUS

NAME OF PROGRAM Clinician-Patient Communication to Enhance Health Outcomes

PROGRAM LOCATION Tucson, Arizona

DATE OF PROGRAM Saturday, November, 10, 2018 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)

☐ IHC website ☐ Internet search ☐ Colleague/word of mouth
☐ I attended an IHC workshop ☐ I attended an IHC webinar ☐ IHC post-workshop survey
☐ Trained as an IHC faculty member ☐ Media/news ☐ Referred by my organization
☐ 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

E-mail Application