

Class/Event Registration Form

To register, complete this form and return it (choose a method below) with payment to Suburban Hospital **or** call us. We will process your registration, call to confirm your registration, and send a confirmation letter.

PLEASE NOTE: You are not registered for a program until you get a confirmation. If you don't receive phone confirmation within 3 business days, please leave a message at 301-896-3939.

1. **Phone** 301-896-3939 (Please have all the information below ready to discuss).
2. **Fax** Print this form; complete the information; and fax it to **301-493-5583**.
3. **Mail** Print this form; complete the information; and mail it with payment to:
Suburban Hospital, ATTN: Suburban On-Call
8600 Old Georgetown Road
Bethesda, MD 20814

NOTE: Please complete a registration form for each person attending a class or event.

PARTICIPANT INFORMATION (Please **PRINT**)

Today's Date ____ / ____ / ____

Name (first/last) _____ Male _____ Female _____

Birth Date ____ / ____ / ____ Street Address _____

City _____ State _____ Zip _____ Email _____

Telephone (_____) _____ Alt. Phone (_____) _____

Parent/Guardian Name (if registrant is under 18) _____

Name(s) of Additional Participant(s) _____

How did you hear about this class or event? New Directions Newsletter ____ Suburban Hospital Web site ____ Friend ____
Gazette Newspaper ____ Doctor ____ Other _____

CLASS/EVENT INFORMATION

Class/Event Title _____ Class Date ____ / ____ / ____

Location _____ Time _____ Cost _____

PAYMENT INFORMATION (Payment must be received to complete registration.)

Method of Payment: VISA ____ MasterCard ____ AMEX ____ Check ____ (payable to Suburban Hospital)

Name (print as it appears on credit card) _____

Credit Card Number _____ Expiration ____ / ____

CVV Code (the 3-digit code on the back of a credit card; AMEX cards have a 4-digit code) _____

I hereby authorize Suburban Hospital to charge the credit card account listed above.

Cardholder's Signature _____ Date ____ / ____ / ____

Credit cards are not charged until the first day of the course. A \$5 processing fee will be charged for cancellations up to 24 hours before the course begins. After that, the full cost of a class will be charged.

*** OFFICE USE ONLY ***

Rec'd By _____ Date _____ Confirm Call Date _____ Date Letter Sent _____