



## Neuroscience for Healthcare Professionals Registration Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

**Fees: \$219.00 Program  
+\$5.00 Shipping/handling  
\$224.00 TOTAL**

\$ \_\_\_\_\_ **Total enclosed**

Method of Payment:

- Check (Payable to University of Delaware)
- Visa
- Mastercard
- American Express
- Discover

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
3 DIGIT SECURITY CODE

\_\_\_\_\_  
SIGNATURE

**Mail or fax completed form to:**

Division of Special Programs  
College of Health Sciences  
University of Delaware  
205 McDowell Hall  
Newark, DE 19716  
Fax: 302-831-4550

To register by phone, call (302) 831-4549 (in state) or (800) 863-6877 (out of state)