



Registration Form
Research Training Program – Fall 2015 Course

October 6, 13, 20, 27 and November 3, 10, 17, 2015
Tuesdays 7:45 am – 12:00 noon
Children’s Harbor Building, 4th Floor, Bradley Conference Center

Name: _____ Title: _____ [] Nurse
[] Non-Nurse

Department: _____
Campus _____
address: _____

Phone: _____ Email: _____

Background:

Years of research experience: _____
What GCP/ICH courses have you taken in the past?

Where did you hear about the RCTP course?

ENROLLMENT FEE: \$125.00 (Please select your method of payment)

- [] Check (payable to UAB)
[] Internal Order Form (for GL Oracle Accounts)
[] Cost Transfer Form (for GA Oracle Grant Accounts)

If paying via Internal Order Form or Cost Transfer Form please fax (205-934-8559) or email registration form with appropriate funds transfer paperwork to Sara Davis at (sadavis@ped.s.uab.edu).

If paying via check all checks (personal, HSF or UAB) must be made payable to UAB. Please mail registration form with check to the attention of Sara Davis at the following address:

Campus address:
CHB 303
UAB zip code: 1711

Mailing address:
CHB 303
1600 7th Avenue South
Birmingham, AL 35233-1711

Limited Enrollment – Applications without enrollment fee will not be processed.