



Training at PHMC Registration Form

FOR USE ONLY BY NON-PHMC / NON-AFFILIATE REGISTRANTS

If more than one person from your organization is being registered, please indicate the primary contact here and indicate the names of all other registrants at the bottom of the page.

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Phone: _____ Email: _____

Organization / Agency: _____ Position: _____

Address: _____ City / State / Zip: _____

TRAINING: _____ DATE OF TRAINING: ____/____/____

AMOUNT OF PAYMENT ENCLOSED: \$_____

In order to complete your registration, payment must be enclosed.

Make check payable to PHMC and send with Registration Form to:

Training at PHMC, 20th floor
260 S. Broad St.
Philadelphia, PA 19102

ALL REGISTRANTS WILL RECEIVE EMAIL CONFIRMATION, AFTER FORM/CHECK ARE RECEIVED BY PHMC.

ADDITIONAL REGISTRANTS:

1. Name: _____ Title: _____ Email: _____

2. Name: _____ Title: _____ Email: _____

3. Name: _____ Title: _____ Email: _____

4. Name: _____ Title: _____ Email: _____

5. Name: _____ Title: _____ Email: _____

I / We agree to the following PHMC training policies:

- *Arrive 10 minutes prior to the start of training.*
- *Notify training@phmc.org of any cancellation at least 48 hours in advance.*
- *Attend complete training session and submit evaluation.*
- *Understand that a no-show without cancellation will result in ineligibility for future trainings.*

Please contact training@phmc.org with any further questions / comments. Thank you!