

RASU CHA CONFERENCE REGISTRATION FORM

Southcentral Foundation
February 19-22, 2019

Today's date:			
PERSONAL INFORMATION			
Last name:		First:	Middle Initial:
Address:		Contact phone:	
City:		State:	ZIP Code:
CHA Level:	Name of Clinic:		Clinic phone:
Referred by:			
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:			

IN CASE OF EMERGENCY			
Name of local emergency contact:	Relationship:	Cell phone no.:	Work phone no.:

APPROVAL		
Name of supervisor:	THO:	Contact no.: ()
_____		_____
<i>Supervisor signature</i>		<i>Date</i>

Note: Enrollment fee prior to Feb 1 is \$100, after that it is \$150. Please make checks payable to:
 Southcentral Foundation
 c/o Finance Department
 7033 East Tudor Rd.
 Anchorage, AK 99508

Note on the check "RASU CHA Conference" (Sorry-we can only accept checks at this time).
 The Tribal Health Organization sending their CHA is responsible for any fees related to travel and housing.
 Please send this completed form to Miranda Petruska at mpetruska@scf.cc. Call her at 907-729-4245 for any questions. Thank you!