

Asthma Study Partners Course Application



To register for Asthma Study Partners, please complete this form and mail with payment to the National Respiratory Training Center at PO Box 5468, Suffolk, VA 23435 or send via fax to 757.483.4261, if paying by credit card. To contact the main office, please call 757.483.4130 or send an email to info@nrtc-usa.org.

Title First Name Last name Credentials Date of birth

Year graduated from NRTC Asthma Course

HOME ADDRESS Course materials will be mailed to home address unless otherwise specified.

Street Address

City State ZIP

Phone/Mobile Fax Home email address
 This is preferred email

WORK ADDRESS

Company

Street Address

City State ZIP

Phone Fax Work email address
 This is preferred email

HOW DID YOU HEAR ABOUT THIS COURSE?

- | | | |
|--------------------------------------------------|--------------------------------------|-------|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Publication | _____ |
| <input type="checkbox"/> Website | <input type="checkbox"/> Conference | _____ |
| <input type="checkbox"/> Industry representative | <input type="checkbox"/> Other | _____ |

REGISTRATION Please note that payment is required to process registration. Payment may be made in cash, by check, or by credit card through PayPal. To process payment using PayPal, please contact the office to initiate the billing process. Please note that PayPal charges a service fee of 3.5%.

Course # \$ Participant cost

Payment: Payment is enclosed Payment will arrive on ____/____/____ Payment via PayPal

Withdrawals: To withdraw from the course, students must give notification more than 4 weeks before the course start date to receive a full refund. A refund less a fee of \$50 will be given for cancellations between 1 and 4 weeks of the course start date. No refunds will be given within 1 week of the course start date. Tuition may be transferred to another student up to the course start date.

Reschedules: To transfer tuition to a future course, students must give notification more than 1 week before the course start date to avoid a rescheduling fee. A fee of \$75 will be charged if notification is given less than 1 week before the course start date (or once the course has begun).

Course cancellation: A minimum of 6 students is needed to conduct each course. Under-enrolled courses may be postponed or combined with other courses to obtain this minimum number. While course cancellation is possible, the NRTC will make every effort to avoid this action.

Signature of Applicant

Date

NATIONAL RESPIRATORY TRAINING CENTER

www.nrtc-usa.org

Asthma Study Partners

Personal Bio



We would like to make each teleconference as interactive as possible and allow our graduates to get to know their colleagues in other parts of the country. To make this happen, we would like to share information about each participant with the group as shown in the bio form below.

Please complete the following bio on yourself, as you would like this information shared with your colleagues. If you would prefer not to share personal information, please indicate below.

Name

Workplace

City, State

Email address

Year graduated from the NRTC Asthma Course

Brief description of professional responsibilities (Please limit to 75 words.)

Sharing of personal information

Please check the box below if you do not want the NRTC to share your information with other course participants.

Please do not share my personal information.

Signature of Applicant

Date