

# Registration Form

Mail your registration form and the course fee to the address on the registration form. We accept personal checks, cash, MasterCard and VISA. You may also call or fax your registration form when paying by credit card.

1. Please check the enclosed schedule for the course time(s) and location(s) and mark your calendar. When we receive your request form and payment, we will send a confirmation of your registration, time permitting. If you have any questions regarding your registration, please call 800-542-5096 or e-mail [pw@adventisthealthcare.com](mailto:pw@adventisthealthcare.com) to confirm.
2. PREPAYMENT is required before you are registered in a class. Some classes are limited in size. If the class is full, you will receive a refund or may transfer to another class. Please register early for all classes and tours, as many fill quickly.
3. We reserve the right to cancel a class due to insufficient enrollment. If we are unable to accommodate your registration due to cancellation by Shady Grove Adventist Hospital or Washington Adventist Hospital, you will receive a full refund.
4. In the event that you must cancel your registration, a written notice must be received one week before the class starts. It is your responsibility to check and make sure it has been received. You will receive a refund minus a \$10 processing fee. In addition to the above policies, cancellations for prenatal preparation courses require a certified medical reason.
5. No refunds will be given for any class after it has begun.
6. In bad weather, we follow Montgomery County public schools. If school starts late, morning classes and programs will be canceled; if school is canceled, all classes and programs will be canceled. Weekend programs will be held at the discretion of the program coordinator. The hospital switchboard and information desk will receive notification of cancellations at Shady Grove Adventist Hospital and Washington Adventist Hospital two hours before the class starts. Please call 800-542-5096 to confirm class cancellations.
7. By enrolling, you agree to follow these policies.



For information and to register, call 800-542-5096. Unless otherwise indicated, classes require preregistration. Please fill out the registration form completely and print clearly.

**For Maternal/Child Health Education, Toddler and Youth classes only:**

Name	Birthdate	
Phone (Home)	(Work)	
Address		
City	State	Zip
Email	Age	
Adventist HealthCare employee: <input type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Mother's name	Birthdate
Phone (Home)	(Work)
Father/partner's name	Birthdate
Phone (Home)	(Work)
Hospital where you'll be delivering	
Doctor's name	Your due date

How did you hear about us?

Expecting multiple births?  Yes  No Number attending tour? \_\_\_\_\_  
**For Sibling, Toddler and Youth classes:**

Name of your health plan (optional)

Have you previously attended a health education program at Washington Adventist Hospital?  Yes  No

Have you previously attended a health education program at Shady Grove Adventist Hospital?  Yes  No

Name(s) of child(ren)

How many will attend?

Age(s)  Male  Female

<b>1. PROGRAM TITLE</b>		
Start date	Days of week	Time
Place	Cost \$	
<b>2. PROGRAM TITLE</b>		
Start date	Days of week	Time
Place	Cost \$	
<b>3. PROGRAM TITLE</b>		
Start date	Days of week	Time
Place	Cost \$	
<b>4. PROGRAM TITLE</b>		
Start date	Days of week	Time
Place	Cost \$	
<b>5. PROGRAM TITLE</b>		
Start date	Days of week	Time
Place	Cost \$	

**PAYMENT:** You may use check, cash, MasterCard or VISA to pay for your class. Charge to  MasterCard  VISA

Card No. \_\_\_\_\_ Card expires \_\_\_\_\_

Cardholder's authorized signature

\$ \_\_\_\_\_

Total charge amount  
 Please make checks payable to AHC. Mail to: Adventist HealthCare Health and Wellness, 1801 Research Blvd, Suite 300, Rockville, Md. 20850.  
 (Please note: There is a charge of \$25 plus other possible charges and penalties for dishonored checks.) For information, call 800-542-5096.

Registration office phone hours: Monday through Thursday, 9:30 a.m.-4 p.m., and Friday, 9:30 a.m.-3 p.m.

Health and Wellness fax: 301-315-3135

TTY for the hearing impaired: 301-315-3089

**FOR OFFICE USE ONLY:**

Date received	Amount paid \$
Confirmation sent	Form of payment
Mailing list	Deposit \$