

# PIEDMONT AHEC

## PART OF NC AHEC

### Registration Form

**Instructions:** Type to fill-in the blanks. When complete, go to File > Save as > give a file name > and Save! Print out the form and mail in to the address below.

MAIL: Piedmont AHEC, 1200 N. Elm St., Greensboro, NC 27401-1020

or Email: [ahec.customerservice@conehealth.com](mailto:ahec.customerservice@conehealth.com)

Payment must be received with registration. Please make checks payable to: Piedmont AHEC

Easy registration at [piedmontahec.org](http://piedmontahec.org)

Email: \_\_\_\_\_ (Required) Last 4 digits of SS# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Certification/Degree \_\_\_\_\_

Home Fax \_\_\_\_\_ Office Fax \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Desired Credit \_\_\_\_\_ Discipline: (Select one)  Allied Health  Oral Health  Health Careers

Medicine (Physicians only)  Behavioral Health  Nursing  Other  Pharmacy  Public Health

Specialty \_\_\_\_\_ (Ex. Counselor, Dentist, Physical Therapy, Registered Nurse, Social Worker)

#### CPE Monitor Information (For Pharmacist and Pharmacy Technicians only)

For ACPE  
Credit

NABP e-Profile ID: \_\_\_\_\_ DOB: MM/DD: \_\_\_\_\_

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and addresses indicated.

If you have any food allergies, ADA requirements, or comments please enter them here \_\_\_\_\_

Lunch options:  Regular  Vegetarian  Gluten free

How did you find out about this program?  Postcard  Email  Flyer  Website  Facebook  Instagram

#### Payment Options: (Check one)

Or easy online registration at [piedmontahec.org](http://piedmontahec.org)

Click "Register for Continuing Education Conferences" for available courses and events. Click on the "Register" button and follow the steps.

**Payment must be received with registration.**

MCHS Internal Transfer: 13-digit Cost Center:

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check enclosed (make payable to Greensboro AHEC)

Mail form to: Piedmont AHEC, 1200 N. Elm Street  
Greensboro, NC 27401-1020

Credit Card ( Visa or MasterCard only)

Email form to [ahec.customerservice@conehealth.com](mailto:ahec.customerservice@conehealth.com).

A project specialist will call you for your credit card information.  
Registration is not complete until payment is received.

NOTE: You will need a MyAHEC account to register for programs, obtain handouts, and access other materials. Go to [piedmontahec.org/create-account](http://piedmontahec.org/create-account) and enter your email address to sign in or create a MyAHEC account.

#### Course Selections

EVENT TITLE

EVENT #

EVENT DATE

FEE

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\_\_\_\_\_

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Total Amount enclosed for Event(s) \$ \_\_\_\_\_