



Registration Form  
Research Training Program  
Spring 2015

April 7, 14, 21, 28 and May 5, 12

Tuesdays 7:45 am – 12:00 noon

Children’s Harbor Building, 4<sup>th</sup> Floor, Bradley Conference Center

Name: \_\_\_\_\_ Title: \_\_\_\_\_  Nurse  
 Non-Nurse

Department: \_\_\_\_\_  
Campus  
address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Background:

Years of research experience: \_\_\_\_\_

What GCP/ICH courses have you taken in the past?

\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about the RTP course?

\_\_\_\_\_

**ENROLLMENT FEE: \$125.00** (Please select your method of payment)

- Check (payable to UAB)
- Internal Order Form (for GL Oracle Accounts)
- Cost Transfer Form (for GA Oracle Grant Accounts)

If paying via Internal Order Form or Cost Transfer Form please fax (205-934-8559) or email registration form **with** appropriate funds transfer paperwork to Elizabeth Paton ([epaton@peds.uab.edu](mailto:epaton@peds.uab.edu)) or Sara Davis ([sadavis@peds.uab.edu](mailto:sadavis@peds.uab.edu)).

If paying via check all checks (personal, HSF or UAB) must be made payable to **UAB**. Please mail registration form **with** check to the attention of Elizabeth Paton or Sara Davis at the following address:

**Campus address:**  
CHB 303  
UAB zip code: 1711

**Mailing address:**  
CHB 303  
1600 7<sup>th</sup> Avenue South  
Birmingham, AL 35233-1711

Limited Enrollment – Applications without enrollment fee will not be processed.