TCHP Education Consortium

Registration Form

Please make check payable to ***TCHP Education Consortium*** and return with registration form to:

Hennepin County Medical Center, TCHP Office
701 Park Avenue—Mailcode SL
Minneapolis, MN 55415

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Organization: _____ Job title/Dept.: _____

E-mail Address: _____

Class/Program(s)title(s): _____

Date(s) offered: _____

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