

**REGISTRATION
OUHSC ADVANCED HEALTHCARE QUALITY**

Name_____

Organization_____

Address_____

City_____

State_____

Country_____

Telephone_____

E-mail_____

Enclosed is my check or money order for

\$_____

Mail to:

Executive Healthcare Training Academy
Department of Health Administration and Policy
College of Public Health
P.O. Box 26901, CHB 343
Oklahoma City, OK 73190

EARLY REGISTRATION:

Register by Sept. 20 and send in your deposit to reserve your spot and receive \$200 off your total program charges