



American
Association for
Health Education

Professional Development Committee

NCHEC Provider No. VA 0008

(AAHE has been designated as a provider of continuing education in health education by the
The National Commission for Health Education Credentialing, Inc)

**Health Resources and Services Administration (HRSA)
Unified Health Communications Training**

REGISTRATION FORM

Name: _____ **CHES #:** _____

Address: _____

E-mail: _____ **Daytime Telephone:** _____

Training Completion Date: _____

Total Credit Hours Completed: **5**

A copy of the Certificate of Completion must accompany this form to receive credit.

Registration Fee: \$20

<p>Payment Method</p> <p><input type="checkbox"/> Check (make checks payable to AAHE) Ck # _____</p> <p><input type="checkbox"/> Credit <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa</p> <p>Card # _____ Exp. Date _____</p> <p>Charge Amt: _____ Your Signature: _____</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MC-AHCHS</div>
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Please mail or fax this form and payment to:

AAHE Professional Development
1900 Association Drive
Reston, VA 20191
703.476.3437 (phone)
703.476.6638 (fax)

Event Number: 11251