



Basic Skills for Working with Smokers Online Course

Last Name _____
First Name _____
Degrees/Certifications _____
Job Title _____
Organization _____
Address Home Work _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

(Please write your email address clearly)

Cancellation Policy for Basic Skills Online Course: There is no refund once payment has been received. Substitution may be permitted if the course has not been accessed. A \$50 administrative fee will be charged for each substitution.

Cost: \$125/person: * \$ _____

Check appropriate box to receive CEUs: RN CHES CADAC/LACD Social Worker Respiratory Therapist
 Dental Hygienist General Certificate of Completion

For registration by mail complete this form and make checks payable to: **UMMS Continuing Education** and send to:
UMMS Office of Continuing Education
222 Maple Avenue
Shrewsbury, MA 01545

or Fax to: 508-856-6838

For course registration and payment by credit card, please fill in the information below or call **508-856-5499** to pay over the phone.

If paying by credit card, please complete:

Credit Card (circle one)    
Cardholder name (printed) _____
Card # _____ Expiration Date _____
Signature _____

* Call the registrar's office at 508-856-1671 if you do not receive confirmation of registration within three business days of registering.