

Online registration is not available. Please use your computer to complete this form. Print and mail or fax the completed form to the GEPN office (see below).

Name

Highest Degree

Job Title

Nursing Speciality

In which role do you spend most of your time?

Are you a Minority

Yes

No

Minority Type:

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**If you are faculty, please list the school in which you are employed.**

School

School Address

School City

School State

School ZIP Code

School Country

The school is classified as

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Preferred Mailing Address

School

Organization

Home

Organization Name

Address

City

State

ZIP Code

Country

E-mail address

Daytime Phone Number

Fax Number

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**Please indicate any GEPN educational offerings you have previously completed (select all that apply):**

Genetics Summer Institute

Web-Based Genetics Institute

Applying Genomics in Nursing Practice

One or more GEPN Independent Self-Paced Modules

Please indicate which GEPN educational offering you are registering for. \*\*Remember to include your check, money order, or purchase order number with your registration:

- |             |  |
|-------------|--|
| Offering #1 | Web-Based Genetics Institute - January 16 - May 26, 2017, \$1400 - Additional costs: required textbooks.** This will be our final session. |
| Offering #2 | Applying Genomics in Nursing Practice - March 13 - April 21, 2017, \$500** This will be our final session.                                 |

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Group rates for the WBGI are available. 5 - 8 employees from the same organization registering for the same WBGI session can do so at a rate of \$1200 per person. ≥ 9 employees from the same organization registering for the same WBGI session can do so at a rate of \$1100 per person.

<b>Payment Methods</b> (CCHMC Tax ID# 31-0833936)	Check or Money Order - Make payment to Cincinnati Children's Hospital Medical Center Purchase Order # _____ Credit Card***
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Are you a Cincinnati Children's Hospital employee?	Yes No
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\*\*\*If paying with credit card: After completing the registration form, print and fax to 513-636-0543, then call 513-636-8448 to provide credit card information to Bette Young. Do NOT write credit card number on registration form.

If paying with a check, money order or purchase order: after completing the registration form, print the form and mail to the address below or fax it to the GEPN Office at 513-636-0543.

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