REGISTRATION FORM

Motivational Interviewing: Facilitating Behavior Change

Course Dates: March 30, 2009; September 21, 2009

Continental breakfast and lunch included. Six Continuing Education Hours. Course size is limited. No refunds for cancellation will be made inside 14 days.

Mail form and payment to:

Mayo Clinic Nicotine Education Program
Colonial Building 3-10
200 First Street SW
Rochester, MN 55905

Phone 507-266-1093
or 800-344-5984
Fax 507-255-0652
Web site http://ndc.mayo.edu

Contact Information

Registrant Name – *first name, middle name or initial, and last name*		Degree
Company Affiliation		
Work/Business Address – *street address*		
City	State or Province	ZIP or Postal Code
Home Phone – *include area code*	Work Phone – *include area code*	Birth Date *(Month, DD, YYYY)*
E-mail Address	Sex ☐ Male ☐ Female	Hispanic Ethnicity ☐ Hispanic or Latino ☐ NOT Hispanic or Latino

Racial Group: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or Arican American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander ☐ More than one race ☐ Other, specify ____________

Current Position

☐ Physician
☐ Administrator
☐ Counselor
☐ Dentist
☐ Dental Hygienist
☐ Dietitian
☐ Nurse
☐ Nurse Educator
☐ Nurse Midwife
☐ Nurse Practitioner
☐ Physician Assistant
☐ Program Coordinator
☐ Psychologist
☐ Research Assistant
☐ Resident/Fellow
☐ Respiratory Therapist
☐ Social Worker
☐ Student
☐ Other, *please specify* ____________

Primary Specialty

☐ Administration
☐ Chemical Dependency
☐ Community/Public Health
☐ Dental Specialty
☐ Education
☐ Family Medicine
☐ Internal Medicine
☐ Obstetrics/Gynecology
☐ Oncology
☐ Pediatric/Adolescent Medicine
☐ Preventive Medicine
☐ Psychiatry/Psychology
☐ Research
☐ Surgery
☐ Tobacco Control
☐ Tobacco Intervention Services
☐ Other, *please specify* ____________

Registration

Dates

☐ Monday, March 30, 2009
☐ Monday, September 21, 2009

Fee

☐ Standard Registration	$ 200
☐ Mayo Clinic and Mayo Health System employees	$ 100
☐ Mayo Health Companies employees	$ 125

Payment Information

☐ Check is enclosed in the amount shown at right – *make checks payable to Mayo Clinic*	Payment Total

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