

Registration Form

Please complete all of the information below and mail or fax to

Women & Children's Center Outreach Education / Attn: Jennifer
 1900 CentraCare Circle, Ste 2375
 St. Cloud, MN 56303

Fax: 1-320-229-5158

You are registered for this class or event when we receive your registration, unless you hear from us telling you otherwise.
Be sure to mark your calendar!

Late registration only: Submit name, phone number and the name and date of the program you will attend via email to Trulsen-LoidoltJ@centracare.com NOTE: Register information by phone only if not able to email.

Please call 320-229-5139 if you have any questions or need to register by phone.

Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
E-mail address			
Name of Class or Event			
Date of Class or Event			

Please take time to let us know how you heard about the class or event. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> News Media
<input type="checkbox"/> Ad in paper <input type="checkbox"/> Article in paper
Name of paper: _____
<input type="checkbox"/> Radio <input type="checkbox"/> TV
Name of station or channel: _____
<input type="checkbox"/> St. Cloud Hospital email
<input type="checkbox"/> St. Cloud Hospital Mailing
<input type="checkbox"/> Spotlight on Health (Hospital newsletter)
<input type="checkbox"/> Women & Family Health Education Calendar
<input type="checkbox"/> Postcard
<input type="checkbox"/> Website
<input type="checkbox"/> St. Cloud Hospital <input type="checkbox"/> St. Cloud Times
<input type="checkbox"/> Spirit of Women <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Doctor's Office:
<input type="checkbox"/> Posted flyer <input type="checkbox"/> Doctor mentioned
<input type="checkbox"/> Letter from doctor's office
<input type="checkbox"/> Family/Friend
<input type="checkbox"/> Work: (publications, email, posters, payroll stuffer)
Workplace: _____
<input type="checkbox"/> Events: class/support group/health fair/conference
Event: _____
<input type="checkbox"/> Poster
<input type="checkbox"/> Social Network: (Facebook, Twitter, Blog)
<input type="checkbox"/> Other: _____ |
|--|---|

Thank you!