PALMETTO HEALTH

Palmetto Health Class Registration Form

Name: _____   Date of Birth: _____

Address: _____   City: _____ State: _____

Work Phone: _____   Home Phone: _____

Best Time to Call: _____

Please list which class you wish to attend:

Class Name	#People	Location	Date/Time	Fee
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____
_____	_____	_____	_____	$_____

Total Amount Enclosed $_____

Make check or money order payable to Palmetto Baptist or Palmetto Richland and mail to:

CareCall
Palmetto Health Information Technology
7909 Parklane Rd.
Suite 400
Columbia, SC 29223

For any questions call CareCall at: (803) 296-2273 or
E-mail us at: callcenter@palmettohealth.org