



Registration Form

Institute for Allied Health Educators: An ADEA and AAL Collaboration

Teaching Foundations in Allied Health Education

- Session 1: January 22, 2014
- Session 2: January 29, 2014
- Session 3: February 5, 2014
- Session 4: February 12, 2014
- Session 5: February 19, 2014

REGISTRATION DEADLINE: January 15, 2014

(Please type or print the following)

Full Name: _____

Preferred First Name or Nickname: _____

School or Institutional Affiliation (if any):

Academic Rank (if any): _____

Specialty/Discipline (if any): _____

Title/Position (if any): _____

Gender:

Female

Male

Race/ethnicity (check all that apply):

American Indian/Native Alaskan

Asian/Pacific Islander

Black, non-Hispanic

Hispanic

White, non-Hispanic

Multi-racial

Other (Please Specify: _____)

Number of years as a full-time (80% or more) faculty (if applicable): _____

Mailing Address:

City: _____

State (if USA): _____

Country (if other than USA): _____

Zip Code: _____

Email Address: _____

Work Phone: _____

Home or Cell Phone: _____

Fax Number: _____

Highest degree(s)/certification(s) attained: _____

Do you have a D.D.S. or D.M.D. degree?

Yes

No

If you currently hold an academic position, please indicate if your appointment is:

___ Full time

___ Part time

Please indicate if you want to earn the 20 CEUs eligible for this program (a "NO" answer indicates that you will only audit the program and not complete the assignments; no CEUs will be awarded to you):

Yes

No

How did you learn about the ADEA/AAL IAHE?

Referral from dean/administrator/dept. chair

ADEA newsletter/e-mail

Referral from colleague

AAL e-mail

ADEA website

Internet search

Ad in dental journal*

Specialty organization newsletter/e-mail*

Specialty organization website*

Other*

* - please specify: _____

The registration fee for the program is \$350.

To pay by credit card, please write your credit card number and expiration date on the "Address" lines below. AAL will e-mail a receipt to you.

If you wish to be invoiced for the registration fee, or if you wish your institution to be invoiced, please complete the following:

Name: _____

Address: _____

Agreement to Participate:

I understand that by registering to participate in this program, I am required to attend all activities and complete all assignments throughout the program. I understand that, once I receive acknowledgement of my registration from AAL, the tuition fee is due no later than two weeks before the start of the program. Failure to submit the tuition by the deadline will result in the loss of my position in the program. After the start of any online Program, withdrawal from the online Program for any reason will result in the forfeiture of 50% of the tuition if AAL is notified within two weeks of the start of the online Program; if AAL is notified after two weeks of the start of the online Program, no refund will be given. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the Academy for Academic Leadership. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to the Academy for Academic Leadership. The Academy for Academic Leadership is not responsible for other costs that I incur as a participant in the program. I understand that the Academy for Academic Leadership is not a placement agency and makes no promise of employment as a result of participation in the program. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: _____ Date: _____

Please fax to 404-350-2099 or mail to:

**AAL – IAHE January 2014
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Atlanta, GA 30305**