TALARICO – HUMAN ANATOMY ONLINE

SPRING 2025 WEBINAR SERIES

ENROLLMENT FORM

IDENITFYING INFORMATION.

PREFIX: Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr. ☐

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: Sr. ☐ Jr. ☐ Email Address: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS.

STREET NUMBER AND NAME: _____

CITY: _____

COUNTY/DISTRICT: _____

STATE: _____

COUNTRY: _____

ZIP CODE: _____

HIGHEST EDUCATION LEVEL.

Grade School: Year: _____

High School: Year: (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐

College/University: Year: (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐

Medical/Dental School: Year: (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐

Other School: Year: (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐

CHECK ONE ONLY.

COURSE SECTION:

◯ **Tuesday, March 11, 2025; 6:00 - 8:00 p.m. CST USA Fee: $0.00**

◯ **Tuesday, March 18, 2025; 6:00 - 8:00 p.m. CST USA Fee: $50.00**

☐ **Complete BOTH WEBINARS and receive a Certificate of Completion.**

(Email your completed form to: talaricojrernest@gmail.com)