TALARICO – HUMAN ANATOMY ONLINE

BEST PRACTICE IN SCIENTIFIC MANUSCRIPT WRITING

WEBINAR 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 12, 2024; 9:00 a.m. - 10:30 a.m. CST USA**
- ◯ **Wednesday, March 13, 2024; 6:00 p.m. - 7:30 p.m. CST USA**