

**COOPER STAFF COURSE REGISTRATION**  
Do not use for Life Support Training Courses

COURSE TITLE: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
(Required for Confirmation)

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Cost Center \_\_\_\_\_ Clinical Manager's Signature \_\_\_\_\_

Employee ID \_\_\_\_\_ Unit \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Please note: If you are unable to attend after registering, please contact us as soon as possible at (856) 342-2459 option 1 or (856) 342-2142.

Mail or Fax Registration to: Cooper University Health Care, Attention: PCS-Education, One Cooper Plaza, Camden, NJ 08103-1489, Facsimile: (856) 968-8385.

-----

**COOPER STAFF COURSE REGISTRATION**  
Do not use for Life Support Training Courses

COURSE TITLE: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
(Required for Confirmation)

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Cost Center \_\_\_\_\_ Clinical Manager's Signature \_\_\_\_\_

Employee ID \_\_\_\_\_ Unit \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Please note: If you are unable to attend after registering, please contact us as soon as possible at (856) 342-2459 option 1 or (856) 342-2142.

Mail or Fax Registration to: Cooper University Health Care, Attention: PCS-Education, One Cooper Plaza, Camden, NJ 08103-1489, Facsimile: (856) 968-8385.