



**Interpreter and Translation Services  
Course Registration Form**

I am interested in attending (course name): \_\_\_\_\_

Course Dates: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION. PRINT YOUR NAME THE WAY YOU WANT IT ON YOUR CERTIFICATE.**

\_\_\_\_\_  
**First Name** **Middle** **Last**

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Office Telephone Number** **Home Telephone Number**

\_\_\_\_\_  
**Cell Telephone Number** **Email Address**

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**Payment Information**

\_\_\_\_\_ Cash, or check/money order in the amount of \$\_\_\_\_\_, made payable to **AUMC/CLAS** is enclosed.

\_\_\_\_\_ Credit card payment, contact the **AUHealth Corporate Accounting** office at **706-721-0820** or **6022**.

**Are you a nurse?** Yes \_\_\_\_\_ No \_\_\_\_\_

Return registration form along with your payment or payment confirmation to the address listed below:

**AUHealth  
Interpreter and Translation Services  
1120 15<sup>th</sup> Street, BI-5036  
Augusta, Georgia 30912**