

2019 HEALTH CAREERS SYMPOSIUM

Neonatal Critical Care

REGISTRATION FORM

Thursday, October 17, 2019

Must Be Postmarked/Return by September 20, 2019

School Name _____

Name of Person/position completing this form _____

Mailing Address _____

City _____ County _____

Phone Number _____ Fax Number _____

Email Address _____

Each school may bring 12 total attendees. There must be one chaperone per 5 students.
Total maximum allowed: (10) students (2) chaperones.

Number of Chaperones _____

Name of Chaperone(s) and T shirt size: _____

Number of Students: _____

Name of Students and T shirt size: _____

Lunch option: # of chicken _____ # of veggie _____

The Registration Fee is \$10.00 for each person attending. This fee includes breakfast and lunch.

Total Amount Enclosed: _____

Please indicate any special needs for attendees: (i.e. specific dietary requirements, physical challenges, etc.)

Return this form and your payment by September 20, 2019. You will receive confirmation of this registration by email.

UNC Health Care - Volunteer Services
101 Manning Drive
Chapel Hill, NC 27514
984-974-4793 office 984-974-0750 fax

COMFORTABLE WALKING SHOES SHOULD BE WORN