

Lanier Health Services

Education/Certification Registration Form

Name:	LHS Employee Dept:
Address:	ABN License No:
City:	If paying by check, make payable to: Lanier Health Services Class pricing listed in our Education Directory. * For non-employees, fees for most courses are based on ABN contact hours, which will be determined at the end of the course.
State: ZIP:	
Phone:	
E-mail:	
Employer:	Please circle: Initial Renewal
Name of Program:	Manual No. Issued: (if applicable) _____
Date(s) of Program:	Check out date: _____ Returned: _____

Drop off in Education Dept. or Mail Registration Form & Payment to:

Lanier Health Services
c/o Education Dept.
4800 48th Street
Valley, AL 36854
Fax: (334) 756-1129

For Questions, please call:
(334) 756-1463
(334) 756-1455

Special needs:

Comments:

Education Dept. Only:

Payment Required: yes no

Amount paid: \$ _____ Receipt issued: _____