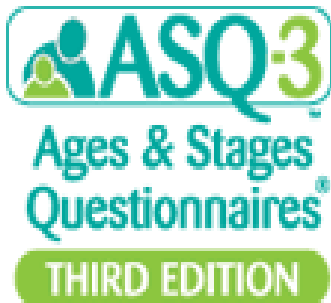


Registration Form  
ASQ-3 and ASQ:SE 2



Ages and Stages Questionnaires Training  
Thursday December 26, 2018  
9am - 4pm  
City of Milwaukee Health Department  
Northwest Health Center  
7630 West Mill Road  
Milwaukee, WI 53218



Full Name: \_\_\_\_\_

University/Organization: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**FEES**

1. **Registration Fees ( \$30)** Includes lunch

**PLEASE CHECK TO INDICATE DIETARY RESTRICTIONS OR SPECIAL NEEDS:**

- |             |                          |
|-------------|--------------------------|
| NONE        | <input type="checkbox"/> |
| VEGETARIAN  | <input type="checkbox"/> |
| VEGAN       | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

2. **Accepted Payments:**  Check/Money Order  Cash  Credit Card

Please make out check to: **City of Milwaukee Health Department Men's Health Program.**

**Cancellations/Changes and Refunds:** Fees are non-refundable after December 1, 2017. Substitutions are allowed at no charge.

**CREDIT CARD PAYMENT METHOD**

Please check appropriate box:  VISA  MasterCard Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

**Please mail or fax completed registration form with payment to:**

**Phone: Darryl Davidson (414) 286-8574**

**FAX: (414) 286-5480**

**Email: [ddavid@milwaukee.gov](mailto:ddavid@milwaukee.gov)**

**Northwest Health Center  
7630 West Mill Road  
Milwaukee, WI 53218**

\*\*Do not email credit card information because security cannot be guaranteed. Please fax or telephone credit card information\*\*