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**PARTICIPANT Registration Form**

 ***(****Please print legibly****)***

**Name**

 *Last First Middle Initial*

**Preferred Name on Name Tag**

**Postal Address**

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Territory**\_\_\_\_\_\_\_\_\_ **Post Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** Home/Mobile ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** (or former occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Year :** Year \_\_\_\_\_\_\_\_\_\_\_ **Gender** □ Male □ Female

**General Practitioner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I heard about CHIP via:** (check all that apply):

□ Friend □ Dentist □ Newspaper □ Doctor □ Poster □ Church

□ Brochure □ CHIP graduate □ Radio □ Television □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My first and second health concerns are:**

Cancer \_\_\_\_ Cholesterol \_\_\_\_ Diabetes \_\_\_\_ Heart Disease \_\_\_\_ Hypertension \_\_\_\_ Weight \_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency please notify:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Realtionship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHIP Participant Fee:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment:**

□ Cash □ Visa □ MasterCard □ American Express □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_ **Total Charged** \_\_\_\_\_\_\_\_\_\_

(Rev. 25.6.20)