

Application Form
Epidemiology in Action

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Enrollment is limited. Application will be accepted on a first come, first serve basis and participants selected for this course will be notified of their acceptance by email.  
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Name: __ Dr. __ Mr. __ Mrs. __ Ms. _____

Home Address: Street _____ City _____

State _____ Zip _____ **Email:** _____

Employer: _____ **Division:** _____

Work Address: _____

Work Phone: _____ **Fax No.:** _____

Position: _____ **Length of time in position:** _____

Brief description of your present (or expected) position:

Educational Background (List degrees and any previous courses in epidemiology):

Microcomputer experience: _____ Some _____ Extensive

List of Software you have used: _____

Epidemiology and Public Health experience (Describe):

Reasons for requesting this course: _____

Signature of Applicant

Date

**PLEASE FAX COMPLETED FORM TO: PIA VALERIANO, MBA (404-727-4590) OR
EMAIL TO PVALERI@EMORY.EDU**