

# HIGHLAND HOSPITAL OB EDUCATION

## REGISTRATION FOR CLASSES

Please complete this form and return with payment. You will receive confirmation of your classes by mail.

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

Class Companion's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_

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

Hospital for Birth: \_\_\_\_\_ Due Date: \_\_\_\_\_

Ob/Gyn or Family Practice Doctor: \_\_\_\_\_

Health Care Insurance & ID Number: \_\_\_\_\_

1) Name of Class: \_\_\_\_\_ Fee: \_\_\_\_\_

Preferred Date(s): \_\_\_\_\_

2) Name of Class: \_\_\_\_\_ Fee: \_\_\_\_\_

Preferred Date(s): \_\_\_\_\_

### Payment Options

1) To charge by phone call (585) 473-2229

2) Make check or money order payable to Highland Hospital OB Education

3) To charge by credit card

**Visa #** \_\_\_\_\_

**MasterCard #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please Return To: Highland Hospital OB Education  
1000 South Ave., Box 112  
Rochester, NY 14620**

Please call 473-2229 or email (hhclasses@urmc.rochester.edu) with any questions.