CORONARY HEALTH IMPROVEMENT PROJECT(CHIP)
REGISTRATION FORM - CHIP 18

(Please Print Legibly)

Name _____
Last First Middle Initial

Preferred Name on Name Tag _____

Address _____City_____State ___ Zip_____

Phone: Home ( ) _____ Work ( ) _____

Fax ( ) _____ E-Mail_____Soc.Sec. # for hosp. lab._____

Employer _____ Position _____

Date of Birth: Month _____Day _____ Year _____ __ Male __ Female

Primary Physician _____

I heard about CHIP from: (check all that apply)

____ Physician _____ Dentist _____ Newspaper _____Radio Ad
____ Television _____ Poster _____ Chip Alumni _____Brochure
____Other _____

In Case of Emergency Please Notify: Name _____
Phone _____

Registration Fee:

__ Individual $295.00 _____
__ Couple: Spouse's Name _____ $495.00 _____

__ CHIP Graduate with current Alumni Association Membership $ 45.00 _____

For CHIP graduates who are not currently Alumni members (separate check please):
_____ CHIP Alumni Association Membership–Individual $ 25.00/yr. _____
_____ CHIP Alumni Association Membership – Couple $ 35.00/yr. _____

Method of Payment: _____ Cash _____ Check # (**Payable to CHIP Alumni**)

____ Visa ____ Master Card Credit Card #_____

Name on Credit Card (please print)_____

Signature _____ Expiration Date _____

Return to CHIP 18/ CHIP Alumni, Rockford College, 5050 E. State, Rockford, IL 61108