Anatomy and Physiology Class

April – August 2020

This course studies the parts of the human body and how those parts function. The student will learn body organization at different levels, the body’s chemical processes, the various organ systems involved, as well as related conditions and diseases.

When: Mondays and Wednesdays 6:00pm-9:00pm 4/20/20 - 8/3/20

Cost: $275.00 - Textbook is an additional fee.

This course is recommended for IU Health’s Surgical Technology Program. It cannot be transferred for college credit.

HOW TO REGISTER
Complete the registration form attached and bring/mail payment to Indiana University Health, Health Sciences Education, 1812 N. Capitol Avenue, Wile Hall-Room 629. Cash (have exact amount), Money order, MasterCard, Visa or Discover cards are accepted. Registration forms are also located in the Health Sciences Education Department (Wile Hall-Room 629). For general questions about the course contact Diana Carlton at dearlton@iuhealth.org or call 317-962-5470.

REFUND
If you determine that it’s necessary to withdraw from the course, please contact Diana.

Below is how the refund is figured.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Time Frame</th>
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<tr>
<td>100%</td>
<td>Prior to the start of the course</td>
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<tr>
<td>80%</td>
<td>During the first week of the course</td>
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<td>60%</td>
<td>During the second week of the course</td>
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<tr>
<td>40%</td>
<td>During the third week of the course</td>
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<tr>
<td>0%</td>
<td>After the third week of the course</td>
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ANATOMY & PHYSIOLOGY COURSE
REGISTRATION FORM

To expedite the processing of your registration, please use a black or blue pen to complete ALL information, printing legibly. Incomplete registrations cannot be honored. Use only one form per person. Course is filled in the order in which registrations are received, so return this form early! In fairness to everyone, call in advance if you must drop the course. This frees up your spot for someone else (who may be on a wait list).

Today’s Date: ______________________

Enter your personal identification here (required for registration)

First Name:_____________________ Middle Initial:_____ Last Name:________________________

Home Address:_________________________________________________________________

City:_____________________________________State:________Zip:__________________

Phone # (_______)_______________________________________

Email Address:_________________________________________________________________

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PAYMENT OPTIONS

Course Fee: $275.00

I am paying by:  □ CASH  □ MONEY ORDER  □ MC  □ VISA  □ DISCOVER

If paying by credit card, enter card # here:  □□□□□□□□□□□□□□□□□□□

Expiration Date:  □□□□  3-Digit Code (On back of card):  □□□

Name that Appears on Card:________________________________________________________

Billing Address for Card:__________________________________________________________

Signature of Cardholder:__________________________________________________________

Note: Mail or bring this form with payment to Indiana University Health, Health Sciences Education, 1812 N. Capitol Avenue, Wilé Hall-Room 629, Indianapolis, IN 46202. Instructions for textbook will be given to you once you register for the course. It is recommended that you purchase the book prior to the first day of class.

Questions? Call 317-962-5470 between the hours of 7AM and 3PM – Monday through Thursday.