



**School of Allied Health and Life Sciences**  
**WORKSHOP/SHORT COURSE REGISTRATION FORM**

**Healthcare IT workshops for Health Care & Business Professionals**

Workshops held at: Payne Building, Medical Mall, Sacred Heart Hospital --5149 N. 9<sup>th</sup> Avenue, Suite 255, Pensacola, FL 32504

Please enter Workshop(s) you are registering for

| Workshop        | Date & Time of Workshop |
|-----------------|-------------------------|
| Word 2003       |                         |
| PowerPoint 2003 |                         |
| Excel 2003      |                         |
| Access 2003     |                         |
| Outlook 2003    |                         |
| Other (list):   |                         |

**Registration Fee: \$75 each**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_ Profession: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: (for confirmation) \_\_\_\_\_

How did you learn of this course? \_\_\_\_\_

**Help us design this workshop and future workshops to address your needs – please answer all of the following questions:**

What version of Office are you currently using?     2003     2007     Not sure

If you aren't using 2007, will you be moving to 2007 anytime within:     3-6 months     6-12 months     Not sure

What is your experience with Word: What do you typically do? What would you like to know how to do?  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your experience with PowerPoint: What do you typically do? What would you like to know how to do?  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your experience with Excel: What do you typically do? What would you like to know how to do?  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your experience with Access: What do you typically do? What would you like to know how to do?  
 \_\_\_\_\_  
 \_\_\_\_\_

