

Pediatric Outreach Registration Form
Methodist Children's Hospital Pediatric Outreach Program
San Antonio, Texas

Registration Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Profession: (RN, RT, MD) _____

Will forward your registration confirmation via email.

Email address: _____

Payment Information-THIS IS ONLY FOR COURSES REQUIRING A FEE

Credit Card Number _____ Type of Card: _____ Expiration date: _____

If paying by check or money order please send to below listed address.
Your payment is required prior to class date.

Course Information

Course Title: _____

Course Date: _____

Forward Completed Registration Form To:
Methodist Children's Hospital Outreach Department
7711 Louis Pasteur, Oak Hills Medical Office Building
Suite 803, San Antonio, Texas 78229

Or Email your registration form to:
amber.ridge@mhshealth.com Or
fax to: (210) 510-6736

For further information and to register by phone, please call:
Pediatric Outreach at: 210-575-7550 or 210-373-6191

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