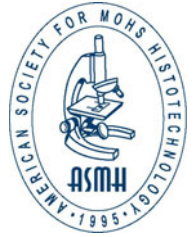


# American College of Mohs Micrographic Surgery and Cutaneous Oncology

555 East Wells Street, Suite 1100 · Milwaukee, WI 53202-3823  
Phone: 414-347-1103 · Fax: 414-276-2146



## MHQA Training Initiative Enrollment Form

- |  |
|--|
| <input type="checkbox"/> <b>\$500.00</b> – ASMH Member price<br><input type="checkbox"/> <b>\$750.00</b> – ASMH Non-Member price |
|--|

Name of Trainee: \_\_\_\_\_

Office phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Employed by: \_\_\_\_\_

(MUST be a Mohs College Member)

Name of MHQA Trainer: \_\_\_\_\_

Date Training will begin: \_\_\_\_\_

Date Training will end: \_\_\_\_\_

- |  |
|--|
| <ul style="list-style-type: none"> <li>▪ <b>Dates and times of training need to be agreed upon by both the MHQA trainer and trainee, and authorized by both employers.</b></li> <li>▪ <b>It is the responsibility of the <u>trainee</u> to contact the MHQA trainer to schedule the training.</b></li> <li>▪ <b>The trainee's practice is responsible for all costs incurred (travel, food, lodging, etc.) during training.</b></li> </ul> |
|--|

### Indicate Method of Payment Below:

*Payable in US currency by bank check, money order, or Visa/MasterCard/American Express.*

Check enclosed payable to the American Society for Mohs Histotechnology (ASMH).

Credit Card - Check one →     MasterCard     Visa     American Express

Print card number in spaces below:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Expiration Date: □ □ / □ □ (MM/YY)

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

*Mail or fax completed Enrollment form and payment to the address at the top of this form.*