



Patient Education Research Center
 Stanford University School of Medicine
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REQUEST FOR SELF-MANAGEMENT PROGRAM LICENSE

Legal Name of Organization

Mailing Address:

Person Authorized to Sign License:

Title:

Send license & manual to (choose 1 person):

Address:

Phone#:

Fax#

E-mail address:

License Level (fee is per Program). License is good for 3 years.

- \$500 license for up to 10 workshops per year
- \$800 license for up to 20 workshops per year
- \$1000 license for up to 30 workshops per year
- Contact Stanford for more than 30 workshops

<i>This application is for:</i>	<i>No. Workshops</i>	<i>License Fee(s)</i>
Chronic Disease Self-Management Program	\$	USD
Tomando Control de su Salud (Spanish CDSMP)	\$	USD
Tomando Control de su Diabetes (Spanish Diabetes)	\$	USD
Positive Self-Management Program (HIV).....	\$	USD
Manejando su Salud con VIH/SIDA (Spanish HIV)	\$	USD
Other	\$	USD
Subtotal License Fee(s).....		\$ USD
Apply \$250 discount for STANFORD ARRANGED TRAINING ONLY		\$ USD
(one discount per program if training was conducted at Stanford or arranged off site by Stanford)		
TOTAL ENCLOSED (check payable to STANFORD UNIVERSITY, in US Dollars)		\$ USD
Stanford University Tax ID: 94-1156365		

Training Location: Stanford Other:

Training Dates:

Name of Person Submitting Application:

Phone No.

**THIS FORM IS NOT A LICENSE! You will receive a program license to sign and return
 PLEASE RETURN COMPLETED FORM WITH PAYMENT TO THE ABOVE ADDRESS**