



Stanford Patient Education Research Center

1000 Welch Road, Suite 204 · Palo Alto CA 94304
<http://patienteducation.stanford.edu> · (650) 723-7935

Print this completed application and mail WITH PAYMENT and attached master trainer sheet to the address above

Application Self-Management Program Master Training

NOTE: You must submit an additional different application if you want cross-training

I wish to attend the following training:

- May 18-22, 2009 – CDSMP- (*REGISTRATION SUSPENDED - FULL!*)
- July 13-17, 2009 – CDSMP (*tentative, based on venue confirmation and minimum enrollment*)
- Aug 10-14, 2009 – Tomando and Spanish Diabetes (*tentative, based on venue confirmation and minimum enrollment*)
- Nov 30 – Dec 4, 2009 – CDSMP and English Diabetes Combo (*tentative, based on venue and enrollment*)

First Name: _____ Last Name: _____

Representing: _____

Address: Home Work

Phone: _____ Fax: _____

E-mail: _____

I have a chronic health problem. (please specify): _____

I am a health professional. (please specify): _____

Enclosed is (tuition MUST accompany application).

- \$1600 TUITION in full (health professional)
- \$900 TUITION in full (lay person with chronic disease)

I need parking permits for the following days at \$12.00 per day (must purchase in advance):

Mon Tues Wed Thurs Fri

TOTAL ENLCOSED, made out to STANFORD UNIVERSITY:

NOTE: This amount does NOT include your organization's license. You must also submit a license form.

SPECIAL REQUESTS:

Dietary requests: Vegetarian Diabetic Other (specify): _____

Disability accommodations (specify): _____

I wish to register for this training and I certify that the above information is correct.

TRAINEE'S signature (*must be signed ONLY by TRAINEE*)

Date

APPLICATION DEADLINE (with FULL tuition) 3 weeks prior to training date!
Training is limited to 26; first come, first served. No refunds after the deadline!
Do NOT make travel arrangements until you receive a confirmation from us.

