PCEO Region II
Perinatal Consortium for Educational Opportunities

PCEO Course Registration

Please copy registration form as needed

One person per registration form

See class details for registration deadline

You are confirmed unless you are otherwise notified

Class Title: _____

Class Date: _____

Name: _____

Hone Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email Address: _____

Employer: _____

Please indicate special needs: _____

Course fee enclosed: _____ **See course description for fee information.

Retired Employee's member institution: _____

I am using a course credit: _____

Name of individual originally registered: _____

Name of course registered for: _____

Make check/money order payable to: PCEO

Mail to: PCEO
P.O. Box 27
Attn: Michelle Gnagey, Administrator
Lewisburg, Ohio 45338