

**BLS HealthStream Pre - Registration Form**

**Be advised that once your registration has been processed, an orientation packet will be sent out to you. Unless otherwise noted, all information will be sent to the U of R Box #.**

**Course cost \$60.00                      Manual (optional) \$13.25**

**Make checks payable to: "University of Rochester"**

**With U of R Blue 312 Requisitions make sure it has the appropriate account number, subcode and authorized signature.**

**Date** \_\_\_\_\_ **Date of birth (MM/DD):** \_\_\_\_\_

**Name** \_\_\_\_\_

**Department** \_\_\_\_\_ **UofR Box #** \_\_\_\_\_

**Address (If not UofR)** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Payment**  **Cash**  **Check#** \_\_\_\_\_ **Req.#** \_\_\_\_\_

**Date Paid** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Position**

1st Year    2nd Year    3rd Year    4th Year

\_\_\_\_\_

**Send or fax printed form to:** University of Rochester,  
David Leven, 601 Elmwood Avenue Box 709,  
Rochester NY 14642 or fax number 585-256-2682.