



Methodist Children's Hospital Educational Application:

Course Title: _____

Course Date ____/____/_____

Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____ Ext. _____

Please check one: RN MD RT PA NP Other

Credit Card Number: _____ Type: _____

Expiration Date: ____/____/____ Amount: _____

Email Address: _____

Forward Completed Registration Form To:

Methodist Children's Hospital Pediatric Outreach Department
C/O Becky Terrazas, Director
7711 Louis Pasteur, Oak Hills Medical Office Building,
803, San Antonio, Texas, 78229

Or scan to:

rebecca.terrazas@mhshealth.com

Or fax to:

210-575-4011

For further information and to register by phone, please call
Becky Terrazas at: 210-575-7550 or 210-373-6191

Registration will not be accepted without payment.