

HOW TO REGISTER

For information
or to register, call
888-45-CHOMP
(24667).

Some Community Hospital classes require preregistration. *Early registration is encouraged*, as classes fill quickly. Enrollment is on a first-come, first-served basis after registration and payment are received.

Registration forms and class information are also available on our web site at www.chomp.org. Click on: *classes & events*.

Mail-in. Register by mail at least two weeks before class. Send payment and a completed registration form to:

Community Hospital
Class Registration Secretary
P.O. Box HH
Monterey, CA 93942

Fax. To fax a credit card payment and completed registration form, call 625-4867 or fax to 625-4872.

Walk-in. Arrive 15 minutes prior to first class. If space is available, you may register at that time.

Note: Some classes do not take walk-in registration, as noted in class listing.

Payment. Class fees are due in advance unless other arrangements are made. Payment must be received five days before start of first class.

Make checks payable to:

Community Hospital. *Please note the title of the class on your check.*

Confirmation. Confirmations are either mailed or telephoned, depending on when registration is received.

Cancellation and refund. A full refund will be given with 72-hour cancellation notice.

Classes may be canceled if there are not enough registered participants.

All classes are held at Community Hospital unless otherwise noted. The Hartnell Professional Center is at 576 Hartnell Street, across from the main post office in downtown Monterey. The Ryan Ranch Outpatient Campus is at 2 Upper Ragsdale Drive, Monterey. Classes are held at the Professional Center, Building D.

For more information, or to be added to our mailing list, call 888-45-CHOMP (24667), 8 a.m. to 5 p.m., Monday–Friday.

Do not use the registration form below for the Childbirth or Safe Sitter classes; call 888-45-CHOMP (24667) for registration forms.



REGISTRATION FORM

Course title: _____ Start date: _____

Name: _____

Address: _____ City: _____ ZIP: _____

Phone (day): _____ (evening): _____

Email address: _____

Payment enclosed \$ _____ Mastercard VISA American Express Expiration date: _____

Credit card # _____ Authorized signature: _____

Mail registration form and check to:

Community Hospital, Class Registration Secretary
P.O. Box HH, Monterey, CA 93942

For Diabetes classes, note "Attention: Diabetes Program."

A 72-hour cancellation notice is required to receive a refund.

www.chomp.org

Find a world of health information and resources right at your fingertips on our web site. Find a doctor and search for answers to your healthcare questions in our comprehensive health database.