

First Name:	MI:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	Zip:
Daytime Phone:	Email:	Date of Birth: _____ <small>(MM /DD / YYYY)</small>	
Classification	<input type="checkbox"/> Investigator/ Sr. Investigator <input type="checkbox"/> Staff Scientist/Clinician <input type="checkbox"/> Postdoc/Fellow <input type="checkbox"/> Grad Student <input type="checkbox"/> Postbac <input type="checkbox"/> MRSP Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Other _____		
Please list your NIH institute: _____			
If not an NIH employee, please list business/school/organization affiliation: _____			
Highest Degree Earned: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> JD <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other _____			
Nationality: _____	Please select one or more of the following:		
	<input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander		
Native Language: _____			
Is this your first FAES course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about FAES? <input type="checkbox"/> Catalog <input type="checkbox"/> Email <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Search Engine <input type="checkbox"/> Other _____			

COURSE REGISTRATION Course add/drop deadlines and fees are posted on the FAES website: <https://faes.org/content/academic-year-calendar-2018-19>

Course Code	Course Title	Credit Hours	Status (check one)		Tuition	Late Fee	Book Fee(s)	Course Total
			Credit	Audit				
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Total Due								\$

ONLINE REGISTRATION AND CREDIT CARD PAYMENTS

- Payment made by student:** Register and pay online at <https://my.faes.org/Common/CourseSchedule.aspx>
- Payment made by a third party** (such as employer or Administrative Officer in federal agencies):

Step 1. Student should first register online at <https://my.faes.org/Common/CourseSchedule.aspx#info>

Step 2. Employer or third-party payer pays online through secure payment portal <https://faes.org/content/payment-portal> (payment confirmation will be sent to email address of third-party payer)

OTHER REGISTRATION AND PAYMENT METHODS

Email, fax, or in person -

FAES Administrative Office
National Institutes of Health
10 Center Drive, MSC 1115
Bethesda, MD 20892-1115

Email: registrar@faes.org

Fax: 301-402-0174

Phone: 301-496-7976

Submit this form along with payment to FAES

- MasterCard
 Visa
 Discover
 SF-182 Vendor Training Form
 Cash

Credit Card Number _____ Exp. Date _____ Security Code _____
(MM /YY)

Name on Card _____ Total Amount Charged \$ _____

Billing Address _____
(Number, Street, City, State, Zip)

Email Address of Credit Card Holder _____

Card Holder Signature: _____ **Date:** _____

This signature serves as my agreement to FAES's refund policies and authorization to charge my credit card.

If paying by check, mail a copy of completed form along with check payment to:

Foundation for Advanced Education in the Sciences (FAES), NIH, 10 Center Drive, Rm 1N241-MS115, Bethesda, MD 20892-1115