

**BERMAN INSTITUTE
GLOBAL BIOETHICS TRAINING PROGRAM
REGISTRATION FORM**



PERSONAL INFORMATION (Please type)

Name: _____ Degree(s): _____
First Name Second/Middle Name(s) Last/Family/Surname(s) MA, MPH, MBChB, MD, JD, PhD, etc...

Gender: Male Female

Position: _____

Institution: _____

Mailing Address: _____
Street

_____ City State/Province Zip/Postal Code Country

Phone: _____ Fax: _____

Email: _____

Country of Citizenship: _____

PREVIOUS BIOETHICS EDUCATION/TRAINING (If any)

Degree in Bioethics: _____
Institution Degree
or

Individual Course(s) in Bioethics:
 Single course Multiple courses

COMMUNICATIONS

Can we share your email address with other program registrants? Yes No

Can we include you in photographs that may be used for future promotional purposes? Yes No

How did you hear about the program?
 Flyer Website Email Colleague Twitter Facebook Other: _____

PROGRAM TRACK SELECTION (select one)

Global Bioethics Scholars Track Institutional Review Board (IRB) Practice Track

PAYMENT

Advance registration is required. Registration must be accompanied by payment in full. Tuition includes a non-refundable \$150 deposit. Applications received without payment will not be processed until payment is received.

Tuition and Fees: \$8,500 USD

Included:

- Two separate week-long JHU Berman Institute Bioethics Intensive courses (Foundations of Bioethics and Introduction to Research Ethics)
- One month furnished apartment (adjustment can be made to program fees if accommodation is not required)
- One month health insurance
- All local transportation to and from airport and to Washington, DC for meetings and seminars
- Organized schedule of activities with flexibility to accommodate diverse interests
- Orientation to Johns Hopkins University and local region
- Certificate of completion

Excluded:

- Airfare
- Visa fees
- Stipend for meals and incidentals

Payment Method:

- Check (payable to "Johns Hopkins University")
- Direct transfer from Johns Hopkins account: Account Number _____ Fund _____ Business Area _____
- MasterCard Visa American Express Discover
- I would like to be considered for potential scholarship support for the **IRB Practice Track** and am including an institutional letter of support, statement of interest and financial need, and CV/resume with my registration form.

If paying by credit card, please call +1-410-614-5370 or email jali@jhu.edu for additional payment information.

I certify that the information that I provided is complete and accurate. I understand that if I decide to withdraw my registration after submission, I am entitled to receive the tuition paid, less a \$150 deposit.

Signature of Registrant: _____
Typed name acceptable, if form is emailed from attendee's inbox

Date: _____
mm/dd/yyyy

Completed registration forms should be submitted via email to jali@jhu.edu with "Global Bioethics Program" in the subject line.

If you prefer to mail the registration form and/or payment, please send to:

Johns Hopkins Berman Institute of Bioethics
1809 Ashland Avenue
Deering Hall, Rm 208
Baltimore, MD 21205
USA

Phone: +1-410-614-5370