Mary C. Townsend, Dr.P.H. M.C. Townsend Associates, LLC

289 Park Entrance Drive Pittsburgh, PA 15228-1824 Phone: 412-343-9946 Fax: 412-343-9947 Email: mct@mctownsend.com

Registration Form: 2025

| NOTE: Classes Are Filled From Wait List: First Come, First Served | | | | | | |
|---|-----------------------------------|---|---|------------------------|---------------|--|
| | Virtual Live NIO | SH-Approved | Spirometry (2.5 | days) - Tuitio | n \$735 | |
| | | | | | 2025 Waitlist | |
| | | ☐ JHU Tuition | JHU Tuition Remission | | | |
| Vi | rtual Live NIOSH- | Approved Spir | ometry Refresh | er (1 day) -⊤ | uition \$440 | |
| | | | | | 2025 Waitlist | |
| | Self-Di | irected Web-ba | sed Spirometry | Training | | |
| | NIOSH-Approved try Refresher * | \$440 | * NIOSH certificate awarded after successful completion of all requirements | | | |
| Physician Web-bas | sed Spirometry Training | \$205 | | No NIOSH certification | | |
| Technician Web-based Spirometry \$250 | | | Nursing CEUs; No NIOSH certification | | | |
| ompany: ddress: ity, State: ip Code: | | Payment Total Due: Check payable to: M.C. Townsend Associates, LLC Credit Card AMEX MC Visa | | | | |
| Email: | | | Card Nu | mber: | | |
| Phone: | | | Expiration | on Date: | | |
| SPIROMETER MODEL | | | CVV2 Co | ode: | | |
| OC Board of Nursing Provides Nursing CEUs for the courses. What is your DC License Number if you have one. | | | Cardhold Billing ad | ddress: | | |
| Vhere did you learn a | about this course? | | | Comm | ents: | |