

Talent Management and Organization Development LABORATORY EXCELLENCE – Registration Form – Fall 2009

FAX form to 443.997.6867

Name _____ Personnel Number _____

JHU Department _____ JHU Phone _____ JHU Fax _____

JHU Address _____ E-mail Address _____

Please print legibly as registration will be confirmed based on information provided here.

(X)	Course Title	Date	Time
	Cell Culture Techniques - 4 Day	September 15 – 18, 2009	9:00 am – 4:00 pm
	Recombinant DNA Techniques - 3 Day	September 28 – 30, 2009	9:00 am – 4:00 pm
	Introduction to Protein Expression - 3 Day	October 7 – 9, 2009	9:00 am – 4:00 pm
	Introduction to Polymerase Chain Reaction - 3 Day	October 21 – 23, 2009	9:00 am – 4:00 pm
	4 Day Cell Culture Techniques	November 17 – 20, 2009	9:00 am – 4:00 pm

Laboratory Excellence training will take place at the BioTechnical Institute of Maryland, 2001 Aliceanna Street, Baltimore, MD 21231.
Directions can be found at: <http://biotechmd.org/map.html>

Budget Authorization (Registration will not be processed without a valid cost center number, internal number, check, or money order.)

Please check the box that applies to your employment status.

- I am a full- or part-time university employee. Charge this internal order or cost center number if I do not attend, (and fail to cancel with seven day's notice), arrive too late to join a class that is already in progress, or fail to complete the full session.
- I am NOT employed by the university but work in a department that has a university internal order or cost center number. Charge the cost of my training to this number.
- I am a non-university employee. I have attached a copy of my check requisition or personal check, made payable to *The Johns Hopkins University*, and mailed it to the Project Management Office of Talent Management and Organization Development, 1101 E. 33rd Street, Suite C130, Baltimore, MD 21218.

Please provide one of the required forms of budget information:

SAP Internal Order number _____ Signature _____

OR

SAP Cost Center number _____ Signature _____

Only internal order and cost center numbers of non-sponsored accounts will be accepted for registration.

Supervisory Approval (Supervisory approval is required to release staff for time away from the office.)

Supervisor's Name _____ Supervisor's Signature _____

By signing above, I accept and understand the Staff Development Remission policy.

Please allow a 48-hour turnaround time for your confirmation notices. Confirmation notices will be sent via the information listed on this form. Courses for which staff register and attend are charged to staff development remission. The departmental cost center number authorized on this form will be charged if a faculty/staff member registers but does not attend and cancel without at least one week's notice or arrives after the start of the session. **THIS FORM COMPLETES THE APPLICATION PROCESS. NO TUITION REMISSION FORMS ARE REQUIRED.** Your registration will be confirmed via email.

Questions? Please contact:

Talent Management and Organization Development Project Management Office
1101 E. 33rd Street, Suite C130, Baltimore, MD 21218 / Phone 443.997.6800 / FAX 443.997.6867