

Tuition and Registration

This entire form must be completed and submitted with tuition for registration.

Date: _____

Workshop Date and Tuition (please check one):

December 14, 2024, online WS on spirituality & health research	_____ (\$249)
February 15, 2025, online WS (Zoom) on moral injury	_____ (\$199)
March 15, 2025, online WS (Zoom) on integrating spirituality into patient care	_____ (\$199)
August 11-15, 2025, in-person 5 day research WS on spirituality and health	_____ (\$1300)
August 16, 2025, in-person WS on integrating spirituality into patient care	_____ (\$300)

Name: _____

Position/Title: _____

Organization or University: _____

Department (if applicable): _____

Mailing Address: _____

Phone: _____

Cell: (emergency) _____

FAX: _____

E-mail address: _____

Check to be made out to Department of Psychiatry, Duke University Medical Center. For those outside the United States please send an international postal money order in US dollars for the tuition. **We do not accept credit card payment.** For Wire Transfers, see below, *although if possible, please send check or money order as noted below, even if it arrives after the workshop date.*

Send this registration form and check / money order (and indicate on the check subject line that this is for the October 2024 Moral Injury Workshop) to:

**CSTH
415 Clarion Drive
Durham, NC 27705**

20% of the tuition above is a non-refundable deposit, leaving 80% of tuition to be refunded in case of cancellation. This is a firm policy without exceptions.

FOR WIRE TRANSFERS, see next page:

Duke University
Electronic Funds Transfer Information

Please use the following information for **INTERNATIONAL** and **DOMESTIC** wire transfers.

Bank Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94104 USA

Swift Code WFBIUS6S (International only)

Wire Routing Transit Number (RTN/ABA) 121000248 (Domestic only)

Beneficiary Duke University Concentration Account
Beneficiary Address 324 Blackwell St., Suite 900, Durham, NC 27701
Account # 2023740253053

Amount: \$XXX.00 USD [wire transfer fee should be added to tuition amount]

Details: For deposit in **Duke University Medical Center, Department of Psychiatry, Duke workshop Fund Code (WBSE) 392-0310, GL 340900**

Contact: Harold G. Koenig, Department of Psychiatry and Behavioral Sciences, 919-949-3854
E-mail: Harold.Koenig@duke.edu.

Significant delays in posting wires to the appropriate Duke University fund codes may occur if details are not included in the wire reference field.

!! Please send copy of documentation of wire transfer to Harold G. Koenig at Harold.Koenig@duke.edu after transfer is made to ensure that the money goes into the correct account !! Such wire transfers are often lost in the huge Duke University accounting system.