



Registration Form

Thank you for your interest in classes offered by CHER. In order to register for this class(es), payment must be received. Registration and payments can be made by phone at (509) 232-8138, or by check, money order, debit or credit card by completing the registration form provided below. Please mail or e-mail this registration form and payment for the correct amount due to:

E-mail: info@cherspokane.org

Inland Northwest Health Services
Attn: Patient Accounts
PO Box 469
Spokane, WA 99210-0469

If you have questions contact the CHER office at (509) 232-8138. A confirmation letter will be sent to the address that is listed below once registration is complete. Classes do fill quickly. For questions call (509) 232-8138.

Please complete form, attach payment, and return to the above address or email.

Registration Information

Legal Name _____
Date of Birth _____ SSN _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____
Email (optional) _____

Class Information

Class Name & Cost _____ Class Date _____
Location _____ Class Time _____

Payment Method

Credit Card
Credit Card Type _____ Name on Credit Card _____
Expiration Date _____ Number _____

Check If marked, please include with paperwork.

Insurance: CHER is contracted with Premera and PHCO and will bill them for this class. Please check with your insurance provider to see if this class is covered under your specific plan. You will receive a bill for any remaining balance. If you are covered by one of these insurances, please mark and give your identification number.

Premera PHCO Identification Number _____



Registration for Additional Classes

1. Class Name & Cost _____ Class Date _____
Location _____ Class Time _____
2. Class Name & Cost _____ Class Date _____
Location _____ Class Time _____

Additional Person # 1 Information:

Legal Name _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____

Additional Person # 2 Information:

Legal Name _____ Date of Birth _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____

Payment Method for Additional Classes

Additional Class Total \$ _____

Credit Card Credit Card Type _____ Name on Credit Card _____
Expiration Date _____ Number _____

Check If marked, please include with paperwork.

Insurance: CHER is contracted only with Premera and PHCO Insurance. CHER will bill your insurance for the cost of this class. Please check with your insurance provider to see if this class is covered under your specific plan. You will receive a bill for any remaining balance.

Premera PHCO Identification Number _____