

Registration Form for S.T.A.B.L.E Class

*Please fill out the information that's below and mail it with your check to:  
Meriter Hospital - Women's Health Administration  
202 S Park St.  
Madison, WI 53715*

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Do you want a vegetarian meal? \_\_\_\_\_