

Department of Veterans Affairs Employee Education System

Non-VA Registration Form

Register for a program by completing this form and **emailing** it to:

shirley.leal@va.gov

Salt Lake City EES
801-924-6813

Name _____ PhD RN MD Other: _____

Title _____ Organization _____

Address _____ City/State/Zip _____

Telephone _____ FAX # _____

Email _____

*If you have any questions on registration,
please contact Rosemary Iles at 801-924-6816*

