



# WORKSHOP REGISTRATION

*Qualitative Research Workshops*  
Held at the Rollins School of Public Health  
Emory University  
Atlanta, Georgia

## PARTICIPANT REGISTRATION

Please complete the following details for *each* participant.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### I would like to register for the following workshop

*Qualitative Research Methods* on (insert date) \_\_\_\_\_

*Mentored Qualitative Methods* on (insert date) \_\_\_\_\_

*Qualitative Data Analysis* on (insert date) \_\_\_\_\_

*Mentored Qualitative Analysis* on (insert date) \_\_\_\_\_

In the event that your chosen workshop is fully booked, we can add your name to a waitlist in case a participant cancels and space becomes available. If you would like your name to be added to a wait list please check the box below.

**Yes**, please add my name to a wait list if the workshop is fully booked.

### Would you like to join our list serve to hear about upcoming training workshops?

Yes Please provide your preferred email address \_\_\_\_\_

No

1. **Please describe any previous experience you have with qualitative research.** (Previous experience is not a requirement, but allows us to tailor the course content to suit your experience level)

2. **How would you like to use the skills learnt from the training workshop(s)?**

3. **If you are registering for a workshop with a reduced fee for students, please confirm:**

I have emailed verification of my current student status to [carla.bailey@emory.edu](mailto:carla.bailey@emory.edu)

Insert your confirmation number for student registration. (If you do not have a confirmation number email [carla.bailey@emory.edu](mailto:carla.bailey@emory.edu))

4. **If you are registering for the *Qualitative Data Analysis* workshop, please complete the following:**

a. **Have you ever used any qualitative data analysis software?** If so, please specify which software used (select all that apply):

I have never used software for qualitative data analysis

MaxQDA

NVivo

Atlas.ti

Other (specify): \_\_\_\_\_

b. **Have you previously downloaded the 30-day trial of MaxQDA?** (If not, please *DO NOT* download it prior to the workshop, if possible)

Yes

No

c. **This workshop will include computer-based activities for which participants are *required* to bring a laptop computer.** Please confirm that you will be able to bring a laptop for personal use throughout the workshop.

I confirm that I can bring a laptop computer to the workshop.

I am unable to bring a laptop computer the workshop.

## PAYMENT

Please select your method of payment and follow the relevant instructions.

**Check** (in US dollars, drawn on a US bank). Please make your check payable to 'Emory University', include the workshop title, and send your check and this registration form to:

Carla Bailey  
Hubert Department of Global Health  
Rollins School of Public Health  
Emory University  
1518 Clifton Road, NE  
Atlanta, GA. 30322

**Wire Transfer.** Please send this registration form and request for a wire transfer form to Carla Bailey at [carla.bailey@emory.edu](mailto:carla.bailey@emory.edu) or telephone 404-7273152.

**Internal Transfer** (For Emory University Faculty/Staff). To request an internal transfer of funds please email this registration form and your smart key to [carla.bailey@emory.edu](mailto:carla.bailey@emory.edu)

**We look forward to meeting you at the workshop.**