



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. If you would like your name to be added to a waitlist please check the box below.

Yes, please add my name to a waitlist 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 kmuwwak@emory.edu
- Insert your confirmation number for student registration. (If you do not have a confirmation number email kmuwwak@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:

Khaleelah Muwwakkil
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 Khaleelah Muwwakkil at kmuwwak@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 kmuwwak@emory.edu

We look forward to meeting you at the workshop.