



Committee of Interns and Residents SEIUHealthcare®

ROSETTA STONE DISCOUNT APPLICATION FORM

PART I: APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
(Last Name) (First Name)

HOME ADDRESS: _____
(Street)

(City) (State) (Zip Code)

PHONE: (____) _____ - _____ *EMAIL: _____
Check One: Home Mobile Other

Hospital Where Employed: _____ Dept: _____

Please Check One: I am a current CIR member. I am not a current CIR member.

PART II: LANGUAGE SELECTION (PLEASE SELECT ONE)

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Latin | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Pashto | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Hindi | <input type="checkbox"/> Persian (Farsi) | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Polish | <input type="checkbox"/> Thai |
| <input type="checkbox"/> English (American) | <input type="checkbox"/> Irish | <input type="checkbox"/> Portuguese (Brazil) | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> English (British) | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish (Latin Amer.) | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> German | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish (Spain) | |

PART III: PAYMENT METHOD (PLEASE SELECT OPTION)

OPTION 1: CHECK PAYMENT
I have enclosed a check along with this form in the amount of \$160 payable to CIR/SEIU.

OPTION 2: CREDIT CARD PAYMENT (Please provide the following information.)

Card Type: _____	Expiration Date: _____
Card Number: _____	
Billing Address: _____	
*Signature Authorizing Use of Card: _____	

Mail this form and accompanying payment to:
Committee of Interns & Residents/SEIU
520 Eighth Avenue, Suite 1200, New York, NY 10018
Attn: Peter Chang, Controller