

Advanced Tables in Word

This course takes your basic table knowledge and helps you create more complex tables using the tables and borders toolbar and other functions found within the Tables menu. We'll take a complex registration form and recreate it using the many table tools available in Word.

Word also provides for calculations and sorting features within tables. We'll learn how to insert formulas, format numbers within tables and sort information by fields.

Course Length

4 hours

Course Objectives

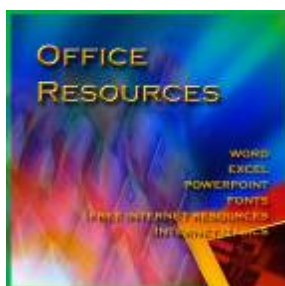
1. Know the tools in the tables and borders toolbar
2. Know the tools in the tables menu
3. Know how to apply and customize the table autoformats
4. Know how to convert text to a table and a table to text
5. Know how to Insert formulas in tables
6. Know how to sort information within tables
7. Create a registration form from scratch by splitting cells, splitting tables and merging cells

Course Lessons

- Explore the tables toolbar
- Explore the tables menu
- Apply autoformats to tables
- Convert existing text to a table
- Convert a table to text
- Add calculations to tables
- Sort information within tables
- Create a medical registration form

Course Materials Supplied

- **Course Booklet**
Every participant receives a booklet that contains course notes and a listing of Internet resources.
- **Free CD**
Contains Word resources such as Templates and Word documents containing links to Free Tutorials and Tips & Tricks Websites.



REGISTRATION FORM									
(Please Print)									
Today's date:		PCP:							
PATIENT INFORMATION									
Patient's last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Marital status: (circle one)	
Is this your legal name?		If not, what is your legal name?		(Former name):		Birth date:		Age:	
<input type="checkbox"/> Yes <input type="checkbox"/> No						/ /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Social Security no.:		Home phone no.:			
P.O. box:		City:		State:		ZIP Code:		Employer phone no.:	
								()	
Occupation:		Employer:							
Chose clinic because/Referred to clinic by (please check one box):									
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan	
<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Other							
Other family members seen here:									
INSURANCE INFORMATION									
(Please give your insurance card to the receptionist.)									
Person responsible for bill:		Birth date:		Address (if different):		Home phone no.:			