DREXEL UNIVERSITY
College of
Nursing and
Health Professions
Division of Continuing Nursing Education

MYRTLE BEACH
RESORT & SPA AT GRANDE DUNES
Marriott

Drexel University
Nursing Education Institute
June 16-19, 2014

Post Institute Workshop—June 20, 2014

To register, complete this form and mail with payment to Drexel University. One form per person; you may photo copy this form. If you need special accommodations, due to a disability, call us at (800)666-7737. We will attempt to meet needs presented at the last minute, but 2 weeks notice will be appreciated.

Although rarely necessary, we reserve the right to substitute faculty. Faculty are well qualified to speak in their area of expertise. The views expressed by them are not necessarily those of Drexel University.

Drexel University reserves the right to photograph, videotape or record Institute participants and to publish their likenesses in University publications, video or other academic, educational or promotional materials

WE REQUIRE FULL PAYMENT PRIOR TO THE START OF THE INSTITUTE.

PLEASE PRINT INFORMATION BELOW FOR ACCURACY.

First Name _____ M.I. _____ Last Name _____

List Credentials _____ Title _____ RN License# _____

Home Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ E-mail address _____

Employer's Name _____

Employer's Street Address _____

City/State/Zip _____

Post-Institute Workshop Friday, June 20, 2014
Available Live and by Webcast - (7:30am-5:45pm)

☐ **Review for Certification: CNE** ☐ Live or ☐ Webcast **$265.00**

If connecting via webcast further information will be forwarded by email.

Registration Fees: Main Institute Schedule: Tuesday, June 17 - Thursday, June 19, 2014

I will attend the following day(s) ☑:

Monday, June 16th ☐**Tue, June 17** ☐**Wed, June 18** ☐**Thur, June 19**

(Welcome Reception on June 16th Included with Tuesday Registration)

	1 Day	2 Days	3 Days	Total
Early Bird (**postmarked by 5/19/14**)	$310	$510	$585	_____
Regular (**postmarked after 5/19/14**)	$325	$530	$665	_____
On-Site @ the Institute	$345	$545	$715	_____
*Group Registration—3 Day **(postmarked by 5/19/14)**	N/A	N/A	$535/per person	_____
*Group Registration-3 Day **(postmarked after 5/19/14)**	N/A	N/A	$615/per person	_____

***Group fee apply to (3) or more participants from the same agency registering at the same time.**

EASY WAYS TO REGISTER:
ON-LINE

www.drexel.edu/cne

U.S. MAIL
Registration form with payment to:
Drexel University
College of Nursing
and Health Professions,
Continuing Nursing Education
Mail Stop #1002
245 North 15th St.
Philadelphia, PA 19102

FEDEX/UPS
Drexel University, CNHP
1505 Race St.
Bellet Bldg. 2nd Floor-Room 204
Philadelphia, PA 19102
Attn: Wayne Miller

FAX registration form with credit information or copy of P.O. to:
(215) 762-8171

PHONE toll-free with
Credit Card in hand to:
(800) 666-7737

OFFICE USE ONLY:

Date Rec'd_____

Amt. Rec'd_____

Fee Not Rec'd_____

Form of Payment:_____

PC HC CS MO P.O. V MC DC
V/MC/DIS/ GC GOV

Cancellation Policy:

A $25 administrative fee* will be charged for all refunds. Telephone requests will be honored up to four business days before the start of the conference and must be confirmed in writing. If you need to cancel your registration, please email Elizabeth Diaz at ed35@drexel.edu with your request or call 1800-666-7737. If cancellation occurs within three business days prior to the start of the conference, a refund will not be available. However, the full amount of tuition may be applied to a future Drexel University Conference (Note: certain restrictions apply). Allow minimum of six weeks from date of conference completion for processing refunds. Please Note: A $50.00 administrative fee will be charged for any returned checks due to insufficient funds.

*Webcast cancellations are subject to additional fees based on materials shipped at time of cancellation.

Please ☑ the box indicating the oral presentation you will be attending for each time slot to assist us in planning. Refer to the Institute Schedule for Session Titles

Tuesday, June 17, 2014 - Plenary 8:00-9:30am ☐C01

10:00 -11:00 am	11:15-12:15pm	1:30-2:30pm	3:00-4:00pm	4:15-5:15pm
C02 C03 C04 C05	C06 C07 C08 C09	C10 C11 C12 C13	C14 C15 C16 C17	C18 C19 C20 C21
☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Wednesday, June 18, 2014 - Concurrent Early Bird Sessions: 7:05-8:05am ☐E1 ☐E2 ☐E3 ☐E4

Plenary 8:15-9:30am - ☐C22

10:00am-11:00am	11:15-12:15pm
C23 C24 C25 C26	C27 C28 C29 C30
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Thursday, June 19, 2014 - Concurrent Early Bird Sessions: 7:05-8:05am ☐E5 ☐E6 ☐E7 ☐E8

Plenary 8:15-9:30am - ☐C31

9:45-10:45am	11:00-12:00pm	12:0010-1:10pm
C32 C33 C34 C35	C36 C37 C38 C39	C40 C41 C42 C43
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

DIETARY RESTRICTIONS: ☐Vegetarian/Other:_____

Please ☑ if you are attending the Welcome Reception (no cost):

☐ Yes ☐ No Monday, June 16, 2014 6:00-7:30pm

(Please note that the Welcome Reception is only available to attendees registered for the Main Institute starting on June 17th).

Please ☑ if you are attending Networking Lunch (no cost for institute participants):

☐ Yes ☐ No Wednesday, June 18, 2014 12:30 –2:00pm

Would you like your name, institution and e-mail to be made available to colleagues, vendors attending this Institute? ☐ Yes ☐ No

☑ - How did you hear about this Institute?

☐ Web Search
☐ Email
☐ Flyer Announcement
☐ Brochure
☐ LinkedIn
☐ facebook
☐ Twitter
☐ Colleague
☐ Ad on Website
☐ Other _____

Post-Institute Workshop: June 20, 2014 (additional fees apply)

(1) Review for Certification: CNE - ☐ Live or ☐ Webcast $_____

Main Institute **$_____**

Total Amount Enclosed **$_____**

PAYMENT: √ form of payment (U.S. currency only) below. Check made payable to Drexel University, CNHP.

☐ Check ☐ Charge my VISA/MASTERCARD/DISCOVER/AMEX Number as given:

Card#: _____

Cardholder's Name: _____ Exp. Date:_____

Visit our website at: www.drexel.edu/cne for up-to-date information on the 2014 Drexel University Nursing Education Institute