DREXEL UNIVERSITY College of Nursing and Health Professions
Division of Continuing Nursing Education
Certificate in Simulation

Certificate in Simulation
January 5-9, 2015
Drexel University Health Sciences Campus
Philadelphia, PA

All registration forms received by mail must include FULL payment in order to be processed and reserve a seat in this course. Your will receive an email confirmation once your registration and payment have been processed. Please DO NOT make TRAVEL arrangements until your registration confirmation is received.

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 Conference participants and to publish their likenesses in University publications, video or other academic, educational or promotional materials

First Name _____ M.I. _____ Last Name _____

List Credentials _____ Title _____ RN License # (Required for California Nurses Only) _____

Home Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ E-mail address (Required) _____

Employer's Name _____

Employer's Street Address _____

City/State/Zip _____

☑ - How did you hear about this Conference?

☐ Web Search ☐ HealthySimulation.com
☐ Email ☐ Twitter
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☐ Flyer Announcement ☐ Other_____

Registration Fee: $1,799.00

Includes: Course Syllabus, Contact Hour Certificate, Continental Breakfast and Lunch will be provided each day, Refreshment Breaks.

Dietary Restrictions:
Vegetarian/Other:_____

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

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

Total Amount Enclosed: $ _____

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

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EASY WAYS TO REGISTER:

ONLINE:
www.drexel.edu/cne

MAIL
Registration form with payment to:

Please contact our office to confirm availability for this program prior to mailing your registration/payment or making travel arrangements.

Drexel University
College of Nursing
and Health Professions,
Continuing Nursing Education
Mail Stop #1002
245 North 15th St.
Philadelphia, PA 19102

UPS/Fedex
Drexel University, CNHP
Continuing Nursing Education
1505 Race Street, Bellet Building
2nd Flr. Room 204
Philadelphia, PA 19102
Attn: Elizabeth Diaz, Registrar

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

Refund/Cancellation Policy:

Due to our limited class size, conference fees are non refundable. However, the full amount of tuition may be applied to a future Drexel University, College of Nursing and Health Professions, Educational Event.

Please note: A $50.00 administrative fee will be charged for any returned checks due to insufficient funds.

OFFICE USE ONLY:

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