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

Perianesthesia Certification Review:
CPAN/CAPA
February 15, 2014
Registration: 7:30 am - 8:00 am
Program Schedule: 8:00 am – 5:30 pm
Drexel University Health Sciences Campus
Philadelphia, PA

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

FULL PAYMENT IS REQUIRED PRIOR TO THE START OF THE COURSE

First Name M.I. Last Name

List Credentials Title RN License #

Home/Street Address is required **(NO P.O. BOX ADDRESS)**

City/State/Zip

Home Phone Work Phone E-mail address (Required)

Employer's Name

Employer's Street Address

☑ - How did you hear about this Course?

☐ Web Search ☐ facebook
☐ Email ☐ Twitter
☐ nursing-education.com ☐ Post Card
☐ Flyer Announcement ☐ Other_____

February 15, 2014

How are you attending the course? ☐ **Live** ☐ **Webcast**
Additional Information will follow by email

Perianesthesia Certification Review: CPAN/CAPA **$159.00**

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: Attending Course: ☐ **Live** ☐ **Webcast** $ _____

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

Card#: _____

Cardholder's Name: _____ Exp. _____

EASY WAYS TO REGISTER:

ONLINE visit us at:
www.drexel.edu/cne

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

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

REFUNDS:
A $25.00 administration fee will be charged for all refunds. Telephone requests will be honored up to four business days before the start of the course and must be confirmed in writing. If cancellation occurs within three business days prior to the start of the course, a refund will not be available. However, the full amount of tuition may be applied to a future Drexel University Continuing Nursing Education Program. (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.

OFFICE USE ONLY:
LQNWDFGGYFF

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

Web: 4/13