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

# Nursing Informatics: Review for Certification
## June 8, 2013
## Registration: 7:30 am - 8:00 am
## Program Schedule: 8:00 am – 5:45 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 # (CA Nurse Only)

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
☐ linkedin ☐ Colleague
☐ Flyer Announcement ☐ Other_____

**June 8, 2013**

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

**Nursing Informatics: Review for Certification** **$139.00**

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

*Maximum and minimum registration levels have been established for this course. In the highly unlikely event that a minimum registration is not reached two weeks prior to the start of the course, it may be subject to cancellation.*

**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**

**By 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

**By FEDEX/UPS**
Drexel University, CNHP
1505 Race St.
Bellet Bldg. 2nd Floor-Room 207
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

**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:**

**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: 3/13**