DREXEL UNIVERSITY
College of
Nursing and
Health Professions

Faculty Development Week

Certificate in Nursing Education
August 5-6, 2013

&

Immersion in Simulation
August 7-8, 2013

Drexel University, Health Sciences Campus
Bellet Building, Room #209
1505 Race St., Philadelphia, PA 19102

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 CONFERENCE

First Name M.I. Last Name

List Credentials Title

Home/Street Address **(Street Address Required - No P.O. Box 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?

☐ Email Message ☐ LinkedIn ☐ Flyer Announcement
☐ Web Search ☐ twitter ☐ HealthySimulation.com
☐ facebook ☐ Colleague ☐ Other_____

☐ **Certificate in Nursing Education: August 5-6, 2013 - ☐ Live ☐ Webcast** **$695.00**

☐ **Immersion in Simulation: August 7-8, 2013** **$495.00**

☐ **Attend Both Programs and save! August 5-8, 2013** **$892.50**
(by attending both programs you save $297.50)

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

Total Registration fee: $ _____

☐ Charge my VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS Number as given:

Card#: _____Exp._____

Cardholder's Name: _____

EASY WAYS TO REGISTER:

ONLINE visit us at:
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

1-800-666-7737

FAX registration form with
Credit Card information to:
(215) 762-8171

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.

OFFICE USE ONLY:
VQNHBSN8KXX

Date Rec'd_____

Amt. Rec'd_____

Fee Not Rec'd_____

Form of Payment:_____

PC/HC/P.O./V/MC/DC/AMEX