



**Certificate in Simulation  
September 14-18, 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. You 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?**

- |   |  |
|---|--|
| <input type="checkbox"/> Web Search         | <input type="checkbox"/> HealthySimulation.com |
| <input type="checkbox"/> Email              | <input type="checkbox"/> Twitter               |
| <input type="checkbox"/> facebook           | <input type="checkbox"/> Colleague             |
| <input type="checkbox"/> Flyer Announcement | <input type="checkbox"/> 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](http://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 15<sup>th</sup> St.  
Philadelphia, PA 19102

**UPS/Fedex**

Drexel University, CNHP  
Continuing Nursing Education  
1505 Race Street, Bellet Building  
2<sup>nd</sup> 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:**

Date Rec'd \_\_\_\_\_

Amt. Rec'd \_\_\_\_\_

Fee Not Rec'd \_\_\_\_\_

Form of Payment: \_\_\_\_\_

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