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

Review for Certification: CNE

November 8, 2014
Registration: 7:30am - 8:00am
Program Schedule: 8:00am - 5:45pm
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 # (Required for California Nurses 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 _____

City/State/Zip _____

☑ - How did you hear about this Conference?

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

November 8, 2014
How are you attending the course? ☐ Live ☐ Webcast
Additional Information will follow by email

Review for Certification: CNE **$265.00**

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#: _____Exp._____

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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

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 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 first day of the workshop. Cancellations must be confirmed in writing. If cancellation occurs within three business days prior to the meeting, a refund will not be available. However, the full amount of tuition may be applied to a future Drexel University Educational Event. Allow minimum of six weeks from date of course completion for check refunds and two weeks for credit card refunds. Please note: A $50.00 administrative fee will be charged for any returned checks due to insufficient funds. If you need to cancel your registration, please email Elizabeth Diaz at* ***ed35@drexel.edu*** *with your request .*

*Webcast cancellations are subject to additional fees based on materials shipped at time of cancellation.

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