

Review for Certification: CNE & CNEcl
March 7, 2020 or
November, 7-2020

Drexel University, Health Sciences Campus
Three Parkway, 1601 Cherry St.
10th Floor, Room 1043
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 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
☐ Email
☐ Flyer Announcement ☐ Other _____
☐ Colleague

Registration Fee: ☒ **Date attending below** **\$265.00**

☐ **March 7, 2020** ☐ **November 7, 2020**

How are you attending the course? ☐ **Live** ☐ **Webcast**

PAYMENT: Check made payable to Drexel University.

Total Amount Enclosed: \$ _____

EASY WAYS TO REGISTER:



ONLINE visit us at:
[**www.drexel.edu/cne**](http://www.drexel.edu/cne)



MAIL

Registration form with payment to:

Drexel University
College of Nursing
and Health Professions,
Continuing Nursing Education
1601 Cherry St., Three Pkwy Bldg.
10th Floor, Room 1057
Mail Stop 101002
Philadelphia, PA 19102

UPS/Fedex

Drexel University, CNHP
Continuing Nursing Education
1601 Cherry St., Three Parkway Bldg.
10th Floor, Room 1057
Philadelphia, PA 19102
Attn: Elizabeth Diaz, Registrar



PHONE Inquiries:
(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.

OFFICE USE ONLY: March and N/2020

Date Rec'd _____

Amt. Rec'd _____

Fee Not Rec'd _____

Form of Payment: _____

PC HC CS MO