

# Registration Form

Please Print Clearly

Seminar Location/Date \_\_\_\_\_

How did you hear about this seminar:  Brochure  Email  Website  Journal  Colleague

Group Name (if more than 3 people) \_\_\_\_\_

Your Name & Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone( \_\_\_\_\_ ) \_\_\_\_\_ Unit/Dept \_\_\_\_\_ Position \_\_\_\_\_

AANA-AARC# \_\_\_\_\_ Nsg License # \_\_\_\_\_

E-mail for confirmation with receipt (PLEASE PRINT CLEARLY)

MC / VISA / DISC (Billing address is required for all credit card payments)

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Make check payable to: MED-ED (Tax ID 56-1589040)

Please check: (Must be attending both days to receive group rate)

- \$265 pp Both Days (1-2 people)
  - \$245 pp (3-4 people)
  - \$205 pp (5 or more people)
  - \$245 pp Active Military Rate (Fax Military ID to 704.333.5020 at time of registration)
  - \$180 pp Day 1 only
  - \$180 pp Day 2 only
- TOTAL \_\_\_\_\_

- I am interested in being a registration assistant. Please send more information at the e-mail address above.

To see if this seminar is available as a self pace course in a variety of media formats for pick-up at the seminar, please contact our Distance Learning Department at 1-800-763-3332.



Med-Ed  
1911 Charlotte Drive  
Charlotte, NC 28203  
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