



# UNIVERSITY OF COLORADO HOSPITAL

## Registration Form

### Essentials of Nurse Manager Orientation Online

For detailed class information including, time, location, and parking please visit the following website [www.uch.edu/classes\\_events](http://www.uch.edu/classes_events) (then click on Continuing Education)

#### Registration Fees:

\$275.00, UCH Employees ONLY

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Hospital/Organization: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

By checking this box, I authorize my email address to be added to the UCH email distribution list.

Please indicate if you have any need for auxiliary aids or special assistance needs.



**Please complete this form and return registration and payment by December 1, 2009 to:**

Stephanie Insinna  
Professional Resources, MS 901  
12401 E. 17<sup>th</sup> Ave  
P.O. Box 6510  
Aurora, CO 80045

**\*\*\*\* Registrations will not be accepted without payment\*\*\*\***

#### Payment Type (Circle One)

• Check Amount \$ \_\_\_\_\_

Make check payable to **University of Colorado Hospital**

• Credit Card  
Card Type:  MasterCard  VISA  Discover

Name as is appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_