



UNIVERSITY OF COLORADO HOSPITAL

Registration Form



Nursing Professional Development Certification Preparation Course

November 3 & 4, 2009

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

Registration Fees:

\$225.00, UCH Employees ONLY

\$275.00, Full Price

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 October 1, 2009 to:

Stephanie Insinna
Professional Resources, MS 901
12401 E. 17th 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 _____