



**THE WESTIN**  
BEACH RESORT  
FORT LAUDERDALE

<http://nursingconferences.cne.drexel.edu/conferences>

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.

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 CONFERENCE.**

First Name	M.I.	Last Name
List Credentials	Title	RN License #
Home Address		
City/State/Zip		
Home Phone	Work Phone	E-mail address
Employer's Name		
Employer's Street Address		
City/State/Zip		

**Pre Conference Workshop - March 24, 2010 1 - 5:30pm**

**The Real Nuts & Bolts of Simulation:** **\$195.00**  
*How to navigate, configure, and 'control' Laerdal's SimMan © SimBaby © software.*

**Registration Fee**

**Early Bird Registration (Postmarked by 02/17/10)** **\$495.00**

**Regular Registration (Postmarked after 02/17/10)** **\$595.00**

**On-Site Registration** **\$650.00**

**One Day Registration 03/25/10 - Includes Welcome Reception 03/24/10** **\$300.00**

**One Day Registration 03/26/10 - Includes Lunch** **\$300.00**

Would you like your name, institution and e-mail to be made available to colleagues attending this conference?  Yes  No

**EASY WAYS TO REGISTER:**



**MAIL**

Registration form with payment to:  
Drexel University  
College of Nursing  
and Health Professions,  
Continuing Nursing Education  
Mail Stop #1002  
245 North 15<sup>th</sup> St.  
Philadelphia, PA 19102



**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



**ONLINE** visit us at:  
<http://nursingconferences.cne.drexel.edu/conferences>

**REFUNDS:**

A \$100.00 administration fee will be charged for all refunds. Telephone requests will be honored up to four business days before the start of the conference and must be confirmed in writing. If cancellation occurs within three business days prior to the start of the conference, a refund will not be available. However, the full amount of tuition may be applied to a future Drexel University Conference (Note: certain restrictions apply.) Allow minimum of six weeks from date of conference completion for processing refunds. Please Note: A \$50.00 administrative fee will be charged for any returned checks due to insufficient funds.

**OFFICE USE ONLY:**  
5TNCF876CFL

Date Rec'd \_\_\_\_\_

Amt. Rec'd \_\_\_\_\_

Fee Not Rec'd \_\_\_\_\_

Form of Payment: \_\_\_\_\_

PC HC CS MO P.O. V MC DC

**MC: Web Reg.**



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**DIETARY RESTRICTIONS:**

Vegetarian/Other: \_\_\_\_\_

**WELCOME RECEPTION:**

Please  if you plan to attend the Welcome Reception on Wednesday, March 24, 2010

6:00-7:30pm (no cost)     Yes     No

**PAYMENT:**  form of payment (U.S. currency only) below.

Check made payable to Drexel University

Total Amount Enclosed: \_\_\_\_\_ \$ \_\_\_\_\_

Check     Charge my VISA/MASTERCARD/DISCOVER Number as given:

Card#: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_