

REGISTRATION FORM

Please fill out the following registration information and return the form and payment to:

Professional Development
WSU Intercollegiate College of Nursing
2917 W. Fort George Wright Drive
Spokane, WA 99224-5291

Registration for January 8-11, 2009

Registration for June 23-26, 2009

Minimum class size is 5 participants.

Name.....

Address.....

City.....State.....Zip.....

e-mail address Home phone

School District..... School phone

Visa Master Card check purchase order

Credit Card#..... Expiration Date..... v-code.....

Signature of cardholder

