

21st Century Visions of Nursing and Health Care 2007

September 12-13, 2007

Conference Registration Form



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|--|--------|-----|
| Name (last, first, middle initial) [] Mr. [] Ms. [] Dr. | | |
| Credentials | E-mail | |
| Your name as you would like it to appear on your conference name badge | | |
| Employer Address | | |
| City | State | Zip |
| Employer Telephone | | |

CONFERENCE REGISTRATION FEES

Full payment is due with registration. Please indicate your registration choice below:

General Conference Registration

- Full conference (Registration number 1101100-002-07F-RH) \$239
- September 12 only (Registration number 1101102-002-07F-RH) \$129
- September 13 only (Registration number 1101103-002-07F-RH) \$129

Christiana Care Health System Employees or Affiliated Faculty (CCHS Employee ID: _____.)

- Full conference (Registration number 1101100-001-07F-RH) \$179
- September 12 only (Registration number 1101102-001-07F-RH) \$99
- September 13 only (Registration number 1101103-001-07F-RH) \$99

Full-time Undergraduate Students (Please include a copy of current student ID with your registration.)

- Full conference (Registration number 1101104-003-07F-RH) \$90
- September 12 only (Registration number 1101104-001-07F-RH) \$45
- September 13 only (Registration number 1101104-002-07F-RH) \$45

Payment Method

- Enclosed is my check for \$ _____ made payable to the University of Delaware.
- Please charge \$ _____ to my: Visa MasterCard American Express Discover
 Card No. _____ Exp. Date _____
 Authorized Signature _____

Return completed registration form and payment to: 21st Century Visions of Nursing and Health Care 2007; University of Delaware; Division of Professional and Continuing Studies; 203 John M. Clayton Hall; Newark, DE 19716. If paying by credit card, you may fax your registration to 302/831-0701 (please note, fax cannot be used if paying by check). *Please duplicate this form for additional enrollments.*

Refund Policy -- A full refund will be given for written cancellations received before September 5, 2007. No refunds will be given after this date. The University of Delaware is not responsible for any cancellation or change fees assessed by airlines or travel agencies. *Conference organizers reserve the right to make last minute changes to the schedule.*

Questions about registration? Call 302/831-3474 or write to rhurst@udel.edu or lmalbone@udel.edu.