



## REGISTRATION FORM

<b>NAME:</b>	<b>RN/LPN/Other:</b>	<b>Traveler:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOME ADDRESS:</b>	<b>CITY/STATE/ZIP:</b>	
<b>Institution of Employment:</b>		
<b>Unit:</b>	<b>Box #:</b>	
<b>Phone (home):</b>	<b>Phone (business):</b>	
<b>DUKE UNIQUE ID#:</b>		

### PROGRAM SELECTION

<b>NAME OF WORKSHOP 1</b>	<b>DATE/SESSION/TIME</b>
<b>NAME OF WORKSHOP 2</b>	<b>DATE/SESSION/TIME</b>
<b>NAME OF WORKSHOP 3</b>	<b>DATE/SESSION/TIME</b>

### METHOD OF PAYMENT

<b>Form of Payment</b>	<b>Amount</b>
Check/Money Order (Payable to DUHS CEPD) -OR- IRI/Cost Center # _____	
Credit Card:      Type: _____  Account #: _____  Expiration date: _____  Name on Card: _____	

Mail check/money order payments to:      Registration  
DUHS Clinical Education & Professional Development  
DUMC Box 2722  
Durham, NC 27710

Fax credit card payments to confidential fax number: 919-681-6251

**NOTE:** for ACLS, NRP and PALS registration, a \$25 deposit (refundable if attendance occurs) is due at time of registration. Cancellation/Rescheduling of all classes/courses must be made at least 48 business hours (2 business days) prior to actual class/course date in order to receive any type refund. If this does not occur, the ACLS, NRP or PALS \$25 deposit will not be refunded, and all other class cancellations will be refunded minus a 15% Processing Administrative Fee.