



National League for Nursing Simulation Workshops

For registrants using mail or fax to register, please fill in this form and mail or fax to:

NLN Simulation Workshop Registration

Attn: Caren Goodwin, National League for Nursing, 61 Broadway, 33rd floor, New York, NY 10006
Fax: (212) 812-0391

REGISTRATION INFORMATION

| | | | |
|-----------------------------------|--|--|--|
| Name/Credentials: | | | |
| Agency: | | | |
| Preferred Mailing Address: | | | |
| City/State/Zip: | | | |
| Daytime Phone/Fax: | | | |
| E-mail: | | | |

Is the mailing address above work or home?

NLN Membership #:

Fees include workshop, morning and afternoon breaks, lunch and speaker handouts.

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|--|--------------------------------|--------------------------------|
| | Early Bird Rate | Regular Rate |
| Individual Title Rate For Members: | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$345 |
| Individual Title Rate For Non-members: | <input type="checkbox"/> \$395 | <input type="checkbox"/> \$445 |

| Title | Date | Early Bird Date |
|---|--|-----------------|
| University of Texas at Arlington | <input type="checkbox"/> Friday, Feb. 15 - Saturday, Feb. 16 | 1/15/08 |
| University of North Carolina, Chapel Hill | <input type="checkbox"/> Friday, Feb 29 - Saturday, March 1 | 2/1/08 |
| Oregon Health & Sciences University, Portland | <input type="checkbox"/> Friday, March 28 - Saturday, March 29 | 2/29/08 |
| Springfield Technical Community College, Springfield MA | <input type="checkbox"/> Friday, April 25 - Saturday, April 26 | 3/28/08 |

| | |
|--|---|
| <u>Payment Method:</u> (PO's Not Accepted) | <input type="checkbox"/> Check enclosed payable to "National League for Nursing" |
| | <input type="checkbox"/> <u>Credit card:</u> <input type="checkbox"/> Discover <input type="checkbox"/> Master Charge <input type="checkbox"/> Visa <input type="checkbox"/> American Express |

BILLING INFORMATION

Name on Credit Card: _____
 Account Number: _____
 Expiration Date: _____