



## National League for Nursing Faculty Development Activities Registration Form TAP 5% Rewards

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

### NLN TAP Rewards Registration

Attn: Caren Goodwin, National League for Nursing, 61 Broadway, 33<sup>rd</sup> floor, New York, NY 10006

Fax: (212) 812-0391

#### REGISTRATION INFORMATION

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| <b>Title of Program:</b>          |  |  |  |
| <b>Name/Credentials:</b>          |  |  |  |
| <b>Agency:</b>                    |  |  |  |
| <b>Preferred Mailing Address:</b> |  |  |  |
| <b>City/State/Zip:</b>            |  |  |  |
| <b>Daytime Phone/Fax:</b>         |  |  |  |
| <b>E-mail:</b>                    |  |  |  |

**Is the mailing address above work or home?**

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

|  |                                |                                |
|--|--------------------------------|--------------------------------|
|  | 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         |

#### Payment Information PO's Not Accepted

| Method of payment                                | Amount |   |
|--|--------|---|
| <input type="checkbox"/> Check                   |        | Please make checks payable to: National League for Nursing  |
| <input type="checkbox"/> Credit Card             |        | Name on Credit Card:<br><br>Account Number:<br><br>Expiration Date: <span style="float: right;">Card Type:</span> |
| <input type="checkbox"/> NLN TAP Rewards Voucher |        | Voucher#  |
| <b>Total</b>                                     |        |   |

**If you do not know your Voucher number, contact your dean/director's office. Registration can not be processed without this number.**