



# CNA's Legislative Education Program - April 4, 2018 - Goodwin College

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**Full Name \***

First Name

Last Name

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**If Student, School**

**Teacher' Name**

**If Student, Graduation Month and Year**

**If not a Student, Place  
of Employment**

**Position Title**

**Day Telephone**

Area Code

Phone Number

**Mobile Phone**

Area Code

Phone Number

**Most used E-mail \***

confirmation

Registration fee \$30.00

<b>Enter coupon</b>	
<input type="text"/>	<input type="button" value="Apply"/>

**Total:** **\$0.00**

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### Credit Card

First Name	Last Name
<input type="text"/>	<input type="text"/>
Credit Card Number	Security Code
<input type="text"/>	<input type="text"/>
Expiration Month	Expiration Year
<input type="text" value="▼"/>	<input type="text" value="▼"/>

### Billing Address

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	<input style="text-align: right; border: 1px solid black; border-bottom: none; border-right: none; border-left: none; padding: 2px 5px;" type="text" value="Please Select"/> ▼
Postal / Zip Code	Country

**Registration: On Line, Mail, or Fax [www.ctnurses.org](http://www.ctnurses.org)**

**Payment: Make check payable to CNA**

If you prefer to pay by check, complete the information above and send form and payment to: CNA, 1224 Mill St., BLDG B, Suite 223, East Berlin, CT. 06023. If you are paying by credit card, fax form and payment to 203-238-3437

Questions? Phone: 203-238-1207 x1 or email [virginia@ctnurses.org](mailto:virginia@ctnurses.org)

**Photo Release:**

I hereby give the Connecticut Nurses' Association (CNA) and the Connecticut Nurses' Foundation (CNF) the absolute right and permission to use and publish photographs and videos of me for the purposes of the website or any other marketing materials. I hereby release and discharge CNA and CNF from any and all claims arising out of the use of the photographs and video release and discharge their legal representative, licensees and assigns.

**Cancellation Policy:**

Cancellations will be honored, if a written request is received at Connecticut Nurses' Association at least two weeks prior to the event. A \$15 processing fee will be deducted from each registrant's refund. Send written request to [info@ctnurses.org](mailto:info@ctnurses.org).

**Returned Check Policy:**

An administrative fee of \$15 will be charged for returned checks.

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P0503 - Provider Number

*Connecticut Nurses' Association is accredited as an approver of continuing nursing education  
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A0503 - Approver Number