



CNA's Legislative Education Program - March 28, 2018 - Quinnipiac University

Full Name *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| First Name | Last Name |

Address

Street Address

Street Address Line 2

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| City | State / Province |

Postal / Zip Code

**If Student, School and
Teacher's Name**

**If Student Graduation
Month and Year**

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

Position Title

Employment Address

Day Telephone

| | | |
|----------------------|---|----------------------|
| <input type="text"/> | - | <input type="text"/> |
| Area Code | | Phone Number |

Mobile Phone

| | | |
|----------------------|---|----------------------|
| <input type="text"/> | - | <input type="text"/> |
| Area Code | | Phone Number |

Registration Fee \$30.00

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

Total: **\$0.00**

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 type="text" value="▼"/> |
| Postal / Zip Code | Country |

Registration: On Line, Mail, or Fax 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, East Berlin, CT 06023. If you are paying by credit card, fax form and payment to 203-238-3437

Questions? Phone: 203-238-1207 x11 or email virginia@ctnurses.org

Photo Release:

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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.

Returned Check Policy:

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

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P0503 - Provider Number*

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