

# CNA's Legislative Education Program - April 5, 2017-Southern CT State University

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**Full Name \***

First Name

Last Name

**Home Address**

**City**

**State**

**Zip**

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

For registration confirmation

**Check One \*** Registration Fee \$30.00**Enter coupon****Total: \$0.00****Credit Card**

First Name

Last Name

Credit Card Number

Security Code

Expiration Month

Expiration Year

**Billing Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Send to:****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)

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