

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

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****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

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P0503 - Provider Number

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