

## REGISTRATION INFORMATION

Mail Registration form with fee to:

NEWYORK-PRESBYTERIAN HOSPITAL  
SCHOOL OF CONTINUING EDUCATION FOR NURSES  
525 East 68<sup>th</sup> Street, Box 174  
New York, NY 10021

Fax: (212) 746-3677 (*Registration by Credit Card only*)

**SPACE IS LIMITED, SO REGISTER EARLY!!!**

Please call to confirm dates and times of classes, as there may be changes since printing.

- NewYork-Presbyterian Hospital is a SMOKE FREE facility.
- No registration will be accepted without full payment.
- No telephone registration will be accepted without full payment.
- Confirmations can be made by calling (212) 746-1224 or emailed, if email address is provided.
- Your cancelled check is your receipt.

✂ CUT ALONG DOTTED LINE AND MAIL

---

Please register me for the following:

Program Name: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Check Enclosed (Payable to NYP-CMC-SCE)       Credit Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name Printed on Card: \_\_\_\_\_

I agree to pay the above amount according to credit card issuer agreement.

Signature: \_\_\_\_\_