

Licensure Seminar

Registration Fees

\$ 195.00 WASCA Member
 \$ 150.00 Additional WASCA Member
 \$ 295.00 Non-Member
 \$ 250.00 Additional Non-Member
Registration Forms: www.wasca.net

Tuesday February 21, 2012

Glaser Auditorium - Swedish Hospital

747 Broadway, Seattle, WA 98122

9:00 am - 3:00 pm

1st Attendee Contact Information

Name: _____ Title: _____

RN# _____ (for CEU Credits)

Company: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

2nd Attendee Contact Information

Name: _____ Title: _____

RN# _____ (for CEU Credits)

Company: _____

E-Mail: _____

3rd Attendee Contact Information

Name: _____ Title: _____

RN# _____ (for CEU Credits)

Company: _____

E-Mail: _____

More Attendees? Add additional Page



Card #: _____

Exp. Date: _____ CVV#: _____

Name: (as it appears on the credit card) _____

Address: _____

City, State, Zip _____

Phone #: _____

E-Mail: _____

Signature: _____

Payment Options

Fax of Scan Registration Form with Credit Card Payment to:
Fax- 206-824-4237

Electronic Copy - pattimcminn@comcast.net

Mail Registration form and check to:

WASCA

17837 1st Avenue South, PMB #306

Normandy Park, WA 98148

Questions? Contact Patti McMinn at

206-992-3330 or e-mail: pattimcminn@comcast.net

Administrative Use Only

Date _____ Fee \$ _____
 Check # _____ Approval # _____