



2019 WASCA ASF Licensing Seminar

March 1, 2019

Glaser Auditorium, Swedish Hospital

747 Broadway, Seattle, WA 98122

Primary Contact Information

Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Registration Fees

of Attendees

_____ \$189.00 WASCA Member

_____ \$329.00 Non-Member

_____ Total Attendees

_____ Total Registration Fees

3 Easy Ways to Pay

1. Fax Registration: 206-441-5863

2. Email Registration: info@wasca.net

3. Mail Check to:
WASCA
2001 Sixth Avenue, Suite 2700
Seattle, WA 98121

Payment Information

VISA MasterCard DISCOVER AMERICAN EXPRESS

Card #: _____

Exp. Date: _____ CVV#: _____

Name: (as it appears on the credit card)

Address: _____

City: _____

State, Zip: _____

Phone #: _____

Email: _____

Signature: _____

Attendees

Please list name and title as it should appear on name badge

Name: _____

Title: _____

Email _____

RN #: _____

Name: _____

Title: _____

Email _____

RN #: _____

Name: _____

Title: _____

Email _____

RN #: _____

Questions?

Phone: (206) 956-3621
E-mail: info@wasca.net
Visit: www.wasca.net

Administrative Use Only

Date _____ Fee \$ _____

Check # _____ Approval # _____

Please Attach an Additional Page if Needed