

# Top Gun School for Skilled & Subacute Care Nurses

June 11 & 12, 2024

## REGISTRATION



### YOU MAY REGISTER IN ONE OF FOUR WAYS:

- BY FAX:** Fax your completed registration form along with your credit card information to 609-584-1047.
- BY EMAIL:** Email your completed form to [michelle@hcanj.org](mailto:michelle@hcanj.org).
- BY MAIL:** If paying by check, you **MUST** email the form in advance while the check is processing. The check can follow in the mail to: HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691
- ONLINE:** Visit our website at [www.hcanj.org](http://www.hcanj.org) and click on the Events and Education tab to find the event.

If you have questions regarding the program,  
email Michelle Palko at [michelle@hcanj.org](mailto:michelle@hcanj.org).

Registration sales are final. Refunds or credits toward future HCANJ events are not available.  
Registrant substitutions from the same center are acceptable 48 hours in advance of the first day of the course.

HCANJ Member:  \$250 per person    Non-member:  \$450 per person

### Attendee Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_

*Each attendee must provide their own email address*

I am a/an  RN  LPN  CNA  OTHER \_\_\_\_\_

### Center Information

Center name \_\_\_\_\_

Address \_\_\_\_\_

### Payment Information

Payment method  Check/Money order in the amount of \$ \_\_\_\_\_ **OR**

Please charge my credit card for \$ \_\_\_\_\_  Visa  MasterCard  American Express

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security code \_\_\_\_\_ Billing zip code \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder email \_\_\_\_\_

By checking this box, I authorize HCANJ to charge my credit card for the amount shown.

FOR INTERNAL USE ONLY: Registered \_\_\_\_\_ AMO Pmt \_\_\_\_\_ Bkping \_\_\_\_\_