Post-Acute Advanced Wound Management & Certification Prep Workshop

Registration

HOW TO REGISTER

1. Fax completed registration form to 609-584-1047 or email to michelle@hcanj.org.
2. Make check payable to HCANJ and mail to 4 AAA Drive, Suite 203, Hamilton, NJ 08691
3. For online registration visit our website at *www.hcanj.org* and click on the Events and Education tab to find the event

No refunds will be offered for no-shows. If you are not able to attend, we encourage you to contact us with a replacement name. Please feel free to duplicate this form for additional registrants.

Registration questions - please contact michelle@hcanj.org

PLEASE COMPLETE ENTIRE REGISTRATION FORM

(RN License # is required in order to receive contact hours / please be sure to provide this on the registration)

NAME_____ TITLE_____

Professional License ❑Nurse ❑Therapist ❑Dietitian RN License #: _____

❑$1000 HCANJ Member Registration Fee ❑$1500 Non-Member Registration Fee

Facility Name: _____

Facility Address:_____

Street Address City State / Zip

Facility phone number_____ Facility fax number_____

Email address for registration confirmation:_____

Please supply email address as this is important for follow up communications and confirmation

PAYMENT INFORMATION:

Name on credit card _____Cardholder e-mail_____

Cardholder phone: _____ Cardholder fax: _____

Cardholder Address:_____

Street Address City State / Zip

❑Check enclosed for $_____ ❑Charge my credit card for $_____ ❑MasterCard ❑Visa ❑American Express

Card No.: _____ Security No.: _____ Card Exp. Date: _____

The Security No. is the three or four digit black number on the front or back of your credit card. (example: 4786 411)

Questions - email michelle@hcanj.org or call 609-890-8700