

Current Management in Critical Care

Advance Registration Form

Current Management in Critical Care

April 26-27, 2012

Name (Please Print)

Address

City/State/Zip Code

Professional Classification: *Specialty, Type of Practice, Nurse*

Business Telephone # Fax #

E-mail Address (confirmation will be sent to this address)

Nursing License # _____ State _____

Date of Birth (*nurses only) _____

*Required by Johnson County Community College

Registration Fee (Check one which applies):

KCSWCS MEMBER REGISTRATION:

Member Physicians Entire Program \$195 _____

Thursday only _____ Friday only _____ \$145 _____

Member PA's & NP's Entire Program \$155 _____

Thursday only _____ Friday only _____ \$115 _____

NON-MEMBER REGISTRATION:

Nurses, PA's and others Entire Program \$180 _____

Thursday only _____ Friday only _____ \$140 _____

Physicians Entire Program \$295 _____

Thursday only _____ Friday only _____ \$180 _____

Payment

Please charge my: ___ Visa ___ MC ___ Discover

Account Number _____

Expiration Date _____ *V-Code _____

*last 3 digits on signature line, back of card

Signature _____

or make check payable to: KCSWCS

Mail completed form to:

Kansas City Southwest Clinical Society

9229 Ward Parkway, Suite 280

Phone 816/523-3383

Kansas City, MO 64114

Fax 816/523-3393