



PACIFIC LUTHERAN UNIVERSITY

Continuing Nursing Education
Mail/Fax Course Registration Form

Please Print Information

Name: _____

Job Title: _____

Highest Education Degree: _____

Specialty: _____

Employer: _____

Home Mailing Address: _____

Work Phone: _____

Home Phone: _____

eMail Address: _____

Licensure: [] RN [] ARNP [] LPN [] Other _____

Course: _____

Course Fee: _____

How did you find out about this course? _____

Table with 2 columns: Register by Mail (Mail registration form with check or money order, made payable to PLU-CNE to: Continuing Nursing Education, Pacific Lutheran University, Tacoma WA 98447) and Register by Fax (Fax registration form to: ATTN: Continuing Nursing Education, 253-535-7590)

[] VISA

[] MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____