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?

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

Register by Fax:
Fax registration form to:
ATTN: Continuing Nursing Education
253-535-7590

☐ VISA
Credit Card Number: _____________________________
Expiration Date: ________________________________
Name of Cardholder: _____________________________
Signature of Cardholder: __________________________

☐ MasterCard