

PROFESSIONAL SUMMIT REGISTRATION FORM

NAME:		CREDENTIALS:	
ADDRESS:		APT/SUITE:	
CITY:	STATE:	ZIP:	
PHONE:		FAX:	
EMAIL (W):		EMAIL: (H)	
EMPLOYER/POSITION:			
NJSNA MEMBER:	YES	NO	MEMBER #:

REGISTRATION COST

\$150.00 -- <u>NJSNA MEMBER</u> CT Breakfast and Lunch	\$175.00 -- <u>NON-MEMBERS</u> CT Breakfast and Lunch	
\$50.00 -- <u>Unlicensed Student</u> CT Breakfast and Lunch		
METHOD OF PAYMENT:	<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> CREDIT CARD
MAKE CHECK PAYABLE TO: <i>Institute for Nursing</i> <i>1479 Pennington Rd, Trenton, NJ 08618</i>		
NAME ON CARD:		
ADDRESS (If different from above):		
CITY:	STATE:	ZIP:
CREDIT CARD NUMBER:	EXP. DATE:	CVV:
SIGNATURE:		
Registration Contact: Debra Harwell, BA, Deputy Director deb@njsna.org , 609-883-5335 x119 (w) 609-883-5343 (f)		

DEADLINE: SEPTEMBER 16, 2019
After this date, all registrations will be on-site.

I understand that there are no refunds.

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