

**Cath Lab and Beyond  
April 30 – May 4, 2012**

**Registration Application**

**PLEASE COMPLETE & PRINT CLEARLY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nursing License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Clinical Experience (please check)**

Tele     < 1yr     1-5 yrs     >5yrs  
ICU      < 1yr     1-5 yrs     >5yrs  
Cath Lab  < 1yr     1-5 yrs     >5yrs

Other: \_\_\_\_\_

**Course Fee:**

SSNA employee course fee             \$480

Non-SSNA employee course fee         \$620

**IF SELF PAY** – Send completed form with payment to:

**(Make check payable to CHW)**

Continuing Education Consortium  
CHW – Strategic Learning Development  
1700 Tribute Road, Suite 100  
Sacramento, CA 95815

**SSNA HOSPITALS**

Barton Memorial, Catholic Healthcare West -  
Greater Sacramento Svs Area, Fremont-Rideout,  
Kaiser Capital Service Area, Kindred Hospital,  
Marshall Hospital, Methodist Hospital, Northbay,  
Shriner's Hospital, Sierra Nevada Memorial,  
Sutter-Auburn, Sutter-Davis, Sutter Medical  
Center, Sutter-Roseville, UC Davis Medical  
Center & Woodland Memorial.

**IF HOSPITAL IS RESPONSIBLE FOR PAYMENT**

Send completed form to hospital facilitator.