

**Cath Lab and Beyond Potpourri**  
**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: \_\_\_\_\_

<b>Course Fee:</b>	<b>SSNA</b>	<b>Non SSNA</b>
Day 1	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
Day 2	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
Day 3	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
Day 4	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
Day 5 (8am – noon)	<input type="checkbox"/> \$65	<input type="checkbox"/> \$90

**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

**IF HOSPITAL IS RESPONSIBLE FOR PAYMENT**

Send completed form to hospital facilitator.

**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.

**HOSPITAL FACILITATOR USE ONLY**

Signature ***required by facilitator***  
if hospital is responsible for payment.  
**FAX** completed form to the CEC Coordinator  
Fax: (916) 733-6286

Facilitator signature **required** if hospital is paying fee