

Continuing Education Consortium

Basic Hemodynamics - Registration Form

PLEASE CHECK DATE YOU WILL ATTEND:

____ February 28, 2019 ____ May 16, 2019 ____ August 15, 2019 ____ October 24, 2019

PLEASE COMPLETE & PRINT CLEARLY:

Name:	Email:
Address:	Phone:
Nursing License #:	State:
Employer/Dept:	Supervisor Signature:
Supervisor:	

Course fee:

____ \$149 - *Students enrolled in ECCO are pre-paid*

SELF PAY REGISTRATION OPTIONS:

By E-mail with electronic registration form and credit card payment

1) Email registration form to: Jill.Paterson@dignityhealth.org

2) Jill Paterson will call you to obtain Credit Card information. *If no call received within 2 days, please call Jill Paterson 916 733-6333*

In Person with registration form and credit card or check

Dignity Health - Collaborative Learning Center
1700 Tribute Rd, Suite 100 - Sacramento, CA 95815

By U.S. Mail with registration form and check made payable to Dignity Health

Mail to: Dignity Health - Collaborative Learning Center
1700 Tribute Rd, Suite 100 - Sacramento, CA 95815

IF HOSPITAL IS RESPONSIBLE FOR PAYMENT Send completed form to hospital facilitator.

Consortium Sponsored Hospitals: Barton Memorial, Dignity Healthcare - Greater Sacramento, Adventist Health/Rideout, Kaiser Greater Sacramento, Vibra, Marshall Hospital, Northbay Medical Center, Shriner's Hospital, Sierra Nevada Memorial, Sutter-Auburn, Sutter-Davis, Sutter Medical Center, Sutter-Roseville, UC Davis Medical Center & Woodland Memorial, Sacramento VA

HOSPITAL FACILITATOR USE ONLY

FAX completed form to the CEC Coordinator Fax: (916) 733-6286

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