RAMAPO COLLEGE OF NEW JERSEY

Nursing Continuing Education Workshops
FALL 2010 Registration Form

CENTER FOR INNOVATIVE & PROFESSIONAL LEARNING A-233
RAMAPO COLLEGE OF NEW JERSEY
505 Ramapo Valley Road
Mahwah, NJ 07430
Telephone: (201) 684-7370
Fax: (201) 684-7277
E-mail: cipl@ramapo.edu

Registration deadline: Two weeks prior to start of each program.
Please type or print in ink.

_____ _____
Last name ***First name*** ***Middle name*** ***Social Security Number***

Mailing Address:
Street Address-Line 1: _____

Street Address-Line 2: _____

City: _____ **State**: _____ **ZIP Code**: _____

Day Telephone Number: (_____)_____ **Evening Telephone Number**: (_____)_____

Maiden or previous name *(if different from above)*:_____
Last *First* *Middle*

E-mail address: _____

Have you previously attended Ramapo College? ☐ No ☐ Yes

Demographic Profile *(for statistical purposes only)*:

Date of birth:_____ **Gender:** ☐ Male ☐ Female
Month Day Year

Ethnic Origin (*check one*): ☐ Asian or Pacific Islander ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Black, Non-Hispanic ☐ White, Non-Hispanic

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PROGRAM SELECTION *(select Program # and the corresponding cost box on the right)*: ***BREAKFAST INCLUDED***

☐ Safe Patient Handling (9/24/10, 9 a.m. – 12 p.m.)	☐ $149.00
☐ Basic Health Assessment (10/22/10, 9 a.m. – 4 p.m.)	☐ $239.00
☐ Pharmacology Update: Diabetes (11/6/10, 9 a.m. – 4 p.m.)	☐ $239.00
☐ Ramapo College student, employee or alumnus. You may subtract an additional 5%.	☐ $-_____
GRAND TOTAL	$_____

☐ I will pay online by credit card or electronic debit after the College notifies me that my registration has been processed.
☐ I have enclosed check payable to Ramapo College of New Jersey.
☐ I will pay by Purchase Order. P.O. #: _____Bill to: _____

Mailing Address: _____ Phone: _____

My signature below certifies that the information listed on this application is true and accurate.

SIGNATURE: _____ DATE: _____

Credit card and electronic debit payments are made after you are registered and receive your College ID # (known as the R#). To pay by check, mail to the address above, payable to: Ramapo College of New Jersey.

HOW DID YOU HEAR ABOUT THIS PROGRAM? *(Check all that apply.)*
____ nurse.com ____ njsna.org ____ nysna.org ____ Direct Mail ____ E-mail
____ Hospital ____ Word of Mouth ____ Ramapo College Web site ____ Other _____

Form updated: 5/24/2010