

REGISTRATION FORM

Please fill out the following registration information and return the form and payment to:

Professional Development

WSU Spokane Nursing Building Room #151

PO Box 1495

Spokane, WA 99210-1495

Registration for January 7-10, 2010

Registration for June 2010

Minimum class size is 5 participants.

Name

Address

City.....State.....Zip

E-mail address Home phone

School District School phone

Visa Master Card check purchase order

Credit Card#.....Expiration Date.....V-code.....

Signature of cardholder