



COUNCIL OF PRACTICAL NURSE EDUCATORS  
**2007 PN EDUCATORS' WORKSHOP**  
**REGISTRATION FORM**

Complete registration form and fax to 703-940-4089 or mail to:  
PN Educator Workshop; PO Box 25647, Alexandria, VA 22313

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School Name \_\_\_\_\_  
Participant's Names: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
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Indicate the number of participants in the appropriate areas below:

Number of Participants	First Participant /Membership Level	Early Bird Rate	Price Each	Sub-Total
	Member of NAPNES & COPNES	\$100.00	\$125.00	
	Member of NAPNES*	\$125.00	\$135.00	
	Non-Member	\$135.00	\$150.00	
<b>TOTAL AMOUNT DUE</b>				<b>\$</b>

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**PAYMENT INFORMATION**

Check Enclosed                       Bill School Purchase Order #: \_\_\_\_\_  
 Bill Credit Card                         Card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Authorized Signature (Credit Card or Purchase Order): \_\_\_\_\_

\*If school is an agency member, only one participant from that school can register as a member of NAPNES. COPNE discount would not apply.