

QSEN WORKSHOP

April 6, 2018

Registration Form

Each individual in a group wishing to attend should submit a registration form

Please Print Clearly

Name: _____ University/College _____

Street Address: _____

City: _____ State _____ Zip _____

Primary phone number (cell or home) _____

Email Address: _____

(Please provide accurate and legible email address to ensure confirmation of your registration.)

REGISTRATION INFORMATION:

Registration Fee = \$60.00/per individual DEADLINE to submit REGISTRATION Form is April 2nd

Mail registration form to: Baptist Health College Little Rock

QSEN Workshop

11900 Colonel Glenn Road

Little Rock, Arkansas 72210

Fax registration forms to: 501-202-6220 Baptist Health College Little Rock, Attn. QSEN Workshop

PAYMENT INFORMATION:

Make Checks or money orders payable to BHMC

Mail payments to: Baptist Health College Little Rock

QSEN Workshop

11900 Colonel Glenn Road

Little Rock, Arkansas 72210

Pay in person: Cash/ check / or credit card payments will also be accepted at the BHCLR campus business office before the workshop or payments can be made on the day of the workshop April 6th.

Questions? Please contact: Dianna Wilson at 501-202-7918 or dianna.wilson@baptist-health.org