

Complete and return to:

UW Continuing Nursing Education

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PLEASE PRINT/TYPE CLEARLY:

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AGENCY _____

AGENCY CITY & STATE _____

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DAYTIME PHONE _____

■ YOUR HIGHEST DEGREE

- Nursing Diploma
- Associate Degree in Nursing
- Baccalaureate in Nursing
- Masters in Nursing
- Doctorate
- Other _____

■ YOUR PRIMARY POSITION

- Staff Nurse
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Nurse Educator
- School Nurse
- Manager/Administrator
- Nurse Researcher
- Physician Assistant
- Social Worker/Counselor
- Other _____

■ MAILING LIST

- Please check all that apply. Write your email above if needed.
- I would like to subscribe to the UWCNE email list to receive the Calendar and notices of upcoming conferences electronically.
 - Please update my email address as noted above.
 - I am already on the mailing list but the label information is wrong. I have made changes on the address label on the back of this form.
 - Please delete me from the print mailing list.
 - Please delete me from the UWCNE email list.

■ WINTER/SPRING COURSES AND CONFERENCES*

	Individual Rate	**Group Rate
The Challenge of Pain, Jan 14-15, <input type="checkbox"/> Both days <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> \$345 <input type="checkbox"/> \$245	<input type="checkbox"/> \$325 <input type="checkbox"/> \$225
Enhancing Medical-Surgical Nursing Practice, Jan 14-Apr 15	<input type="checkbox"/> \$695	<input type="checkbox"/> \$645
The World of Diabetics, Jan 28	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Dementia in Older Adults, Feb 3	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Midwifery Update, Feb 10	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Cardiovascular Care, Feb 11-12, <input type="checkbox"/> Both days <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> \$345 <input type="checkbox"/> \$245	<input type="checkbox"/> \$325 <input type="checkbox"/> \$225
Neuroscience Symposium, Feb 26	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Immediate Response, Mar 5	<input type="checkbox"/> \$265	<input type="checkbox"/> \$245
Pediatric Drug Therapy, Mar 9	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Neonatal Drug Therapy, Mar 13	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Critical Care Nursing, Mar 23	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Foot Care for the Older Adult, Apr 9	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Nursing Leadership & Mgt in Long Term Care, Apr 16-May 14	<input type="checkbox"/> \$1795	<input type="checkbox"/> \$1595
Ambulatory Care Nursing, Apr 28-29, <input type="checkbox"/> Both days <input type="checkbox"/> Wed <input type="checkbox"/> Thu	<input type="checkbox"/> \$345 <input type="checkbox"/> \$265	<input type="checkbox"/> \$325 <input type="checkbox"/> \$245
Syllabus of conference handouts (optional)	<input type="checkbox"/> \$25	NA
Women's Health Drug Therapy, May 13	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Forensic Nursing, May 18	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Adult/Geriatric Drug Therapy, May 21	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Neuropsychotropic Drug Therapy, Jun 11	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225

■ SELF STUDY COURSES



CD Format: Please check below.

Clinical Pharmacology Series

	Individual Rate	**Group Rate
Adult/Geriatric Drug Therapy	<input type="checkbox"/> 2009 ... <input type="checkbox"/> 2008 <input type="checkbox"/> 2007	<input type="checkbox"/> \$225
Neonatal Drug Therapy	<input type="checkbox"/> 2009 ... <input type="checkbox"/> 2008 <input type="checkbox"/> 2007	<input type="checkbox"/> \$225
Neuropsychotropic Drug Therapy	<input type="checkbox"/> 2009 ... <input type="checkbox"/> 2008 <input type="checkbox"/> 2007	<input type="checkbox"/> \$225
Pediatric Drug Therapy	<input type="checkbox"/> 2009 ... <input type="checkbox"/> 2007	<input type="checkbox"/> \$225
Women's Health Drug Therapy	<input type="checkbox"/> 2009 ... <input type="checkbox"/> 2007	<input type="checkbox"/> \$225
Women's Health Drug Therapy	<input type="checkbox"/> 2008	<input type="checkbox"/> \$195
HIV/AIDS: 6th Edition	<input type="checkbox"/> \$ 95	
Prescribing Scheduled Drugs, New 2009 Edition!	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195



Online format: Register, complete course requirements, and print your own certificate online at uwcne.org. See page 5 for more details. Online courses can save you time and money!

*Please confirm times and locations by checking the printed brochure or going to our website, uwcne.org.
**Group Rate: See group rate eligibility under General Information/Registration Information/Group Rate.

■ TOTAL PAID \$ _____ (U.S. Funds)

- Check enclosed payable to: University of Washington
- Purchase order or letter of authorization enclosed. Please bill my agency.
- UW Budget # _____ Budget Name: _____
- Charge my bank card: VISA MC

Acct # _____

Exp. Date: _____

Register online at uwcne.org!