

Complete and return to:

UW Continuing Nursing Education

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206-543-1047 • FAX 206-543-6953 • WEB: Register at uwcne.org

PLEASE PRINT/TYPE CLEARLY:

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AGENCY _____

AGENCY CITY & STATE _____

EMAIL _____

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.

- Add me to the UWCNE email list to receive electronic notices of upcoming conferences and other offerings.
- My email address has changed. Update my email to the one on the right.
- Add me to the mailing list to receive print brochures.
- My address has changed. Update my address to the one on the right.
- Please delete me from the print mailing list. I prefer just to get email.
- Please delete me from the email list and print mail list.

■ SPRING/SUMMER 2012 COURSES AND CONFERENCES*

	<u>Individual Rate</u>	<u>**Group Rate</u>
Foot Care for Older Adults, Apr 13	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Ambulatory Care Nursing, Apr 24-25, <input type="checkbox"/> Both days <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$345 <input type="checkbox"/> \$265	<input type="checkbox"/> \$325 <input type="checkbox"/> \$245
Women's Health Drug Therapy, May 10	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Immediate Response, May 15	<input type="checkbox"/> \$265	<input type="checkbox"/> \$245
Adult/Geriatric Drug Therapy, May 18	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Neuropsychotropic Drug Therapy, Jun 8	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Art of Precepting, Jun 12	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Assuring Pediatric Nutrition in the Hospital and Community, Jun 27-29	<input type="checkbox"/> \$595	<input type="checkbox"/> \$545
Navigating Difficult Patient-Provider Relationships, July 26	<input type="checkbox"/> \$245	<input type="checkbox"/> \$225
Wound Management Education Program, Aug 15-Oct 18	Visit uwcne.org for application.	
Wound Management Fundamentals Program, Aug 20-Sep 22	Visit uwcne.org for application.	
Enhancing Medical-Surgical Nursing Practice—Online, Sep 10-Nov 19	Register at uwcne.org	

■ SELF STUDY COURSES

 **CD Format** (Register below or online.)



Online Format (Register online at uwcne.org.)
See page 5 for list of available online courses.

Clinical Pharmacology Series

	<u>Individual Rate</u>	<u>**Group Rate</u>
Adult/Geriatric Drug Therapy..... <input type="checkbox"/> 2011.... <input type="checkbox"/> 2010... <input type="checkbox"/> 2009	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195
Neonatal Drug Therapy	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195
Neuropsychotropic Drug Therapy..... <input type="checkbox"/> 2011.... <input type="checkbox"/> 2010... <input type="checkbox"/> 2009	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195
Pediatric Drug Therapy..... <input type="checkbox"/> 2011.... <input type="checkbox"/> 2010... <input type="checkbox"/> 2009	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195
Women's Health Drug Therapy	<input type="checkbox"/> \$225	<input type="checkbox"/> \$195
HIV/AIDS: 6 th Edition.....	<input type="checkbox"/> \$ 95	

*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: _____