



ATCN PROVIDER COURSE – 2017

INDICATE CHOICE:

July 20-21, 2017
PROVIDER COURSE FEES: Non-STN Member Nurse: \$350.00 STN Member Nurse: \$300.00

Registration fee must be paid before reservation is confirmed. Registration fee includes all course materials.
Make checks payable to: **CHRISTUS Hospital**. If paying by credit card, contact **Beth Melancon** at (409) 236-6999.

Cancellations: accepted up to 14 days prior to the course date. Cancellations after that date will incur a \$100 fee. Students who fail to attend the scheduled date will forfeit registration fee.

PLEASE PRINT LEGIBLY. ALL INFORMATION MUST BE COMPLETE IN ORDER TO PROCESS REGISTRATION.

First
Middle
Last

NAME: _____ Title: _____

LAST FOUR NUMBERS OF SS#: _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ DEPARTMENT: _____

SPECIALTY: _____

DIETARY RESTRICTIONS: _____

Mail registration and payment to:
CHRISTUS Hospital - St. Elizabeth
Education Department
755 North 11th Street Suite P1044
Beaumont TX 77702
Attn: Beth Melancon

Make checks payable to: **CHRISTUS Hospital**. If paying by credit card, contact **Beth Melancon** at (409) 236-6999.