



ATCN PROVIDER COURSE – 2018

INDICATE CHOICE:

<p>June 8-9, 2018</p> <p>PROVIDER COURSE FEES: Non-STN Member Nurse: \$350.00 STN Member Nurse: \$300.00</p>

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) 924-6999.**

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) 924-6999.