REGISTRATION FORM

(Registration includes breakfast, lunch, breaks, poster session, exhibit hall, course syllabus, certificate or letter of attendance)

Best Practice for Assessment & Treatment of Pressure Ulcers: Clinical, Regulatory & Legal Perspectives

March 22, 2004
Long Island Marriott Hotel & Conference Center
Uniondale, New York 11553

PLEASE PRINT: Info used for badge and confirmation.

First Name | Last Name | Credentials (MD,RN, RD, PT, RPh, etc.)

*Institution Affiliation (if any)

Street Address

City | State | Zip

Phone | Fax | e-mail address

	Before February 20th	After February 20th
Registration Fee:	☐ $150	☐ $165
Discount for NSLIJHS Employees: **attach a copy of your photo ID*	☐ $ 125	☐ $140
Discount for Students: **attach a copy of your student ID*	☐ $ 80	☐ $90
Group Rate (3 or more from same institution, mailed together):	☐ $ 125	☐ $140

My check for $_____payable to NSUH Fund # 10749 is enclosed.

Bill my credit card $_____ ☐ VISA ☐ MasterCard Signature _____

_____---_____---_____----_____ Exp. Date_____
(please list all digits from your charge card)

Cancellation Policy
All cancellations must be confirmed in writing to the Department of Professional and Public Health Education by Monday, March 15 2004 for tuition refund. An administrative fee of $25 will be retained. No refunds will be made after this date, or for "no-shows."

For More Information:
Contact the Department of Professional and Public Health Education at 516-465-2500.

FAX: This form, with credit card information to: **516-465-8204**

Mail: This form, **with check or credit card information to:**
Pressure Ulcer Conference
North Shore - LIJ Health System
Department of Professional and Public Health Education
125 Community Drive
Great Neck, N.Y. 11021