

# Registration Form



## Fast Track Back: Re-entry to Practice for Registered Nurses April 16 – May 21, 2008

Victoria Building, Pittsburgh Campus

University of Pittsburgh  
School of Nursing  
Continuing Education Dept.  
3500 Victoria St., Room 225  
Pittsburgh, PA 15261  
Phone: 412-624-3156  
Fax: 412-624-1215  
Email: [chb30@pitt.edu](mailto:chb30@pitt.edu)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

RN License Number: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SSN (Last Four Digits): \_\_\_\_\_

**DISCLOSURE STATEMENT:** The SSN number is mandatory for creating registrant's guest account for the Program's courseweb access.

How did you hear about the program?  Colleague  School of Nursing Website  Employer  Newspaper  
 Other (If other, please explain.) \_\_\_\_\_

**PROGRAM FEES:**  Tuition \$1,300  Liability Insurance \$12 **REGISTRATION DEADLINE: April 2, 2008**

**ONLINE PAYMENT ORDER ID(s) #:** \_\_\_\_\_ (Tuition) \_\_\_\_\_ (Liability Insurance)

### **PAYMENT METHOD (Check one)**

Enclosed is my check or money order (made out to UNIVERSITY OF PITTSBURGH)  
Check # \_\_\_\_\_ Amount of check or Money Order: \$ \_\_\_\_\_

Credit Cards (Please check appropriate box)

AMERICAN EXPRESS  DISCOVER  MASTER CARD  VISA

Total: \$ \_\_\_\_\_ Exp. Date (mm/yy): \_\_\_\_\_ CVV (Card Verification Value): \_\_\_\_\_

- For Visa and Master Card, the three-digit CVN is printed on the back of the card immediately after the card's account number
- For American Express, the four-digit CVV is printed on the front of the card above the card's account number

Account #: \_\_\_\_\_

Print name on card: \_\_\_\_\_

Print billing name: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

**CANCELLATION POLICY:** All cancellations must be made in writing. Cancellations received before April 2, 2008 will be refunded minus a \$35 administrative fee. No program fees will be refunded after April 2, 2008. The University Of Pittsburgh School Of Nursing reserves the right to cancel this program if a sufficient number of advanced registrations is not received. In case of cancellation by the University of Pittsburgh School of Nursing, program fees will be refunded in full.

**Please mail or fax completed registration form with payment to:**

Phone: (412) 624-3156  
FAX: (412) 624-1215  
Email: [CHB30@pitt.edu](mailto:CHB30@pitt.edu)

University of Pittsburgh School of Nursing  
Chryssoula Barbas  
Continuing Education Department  
3500 Victoria St., Room 225  
Pittsburgh, PA 15261-2403

Do not email credit card information because security cannot be guaranteed.  
Please fax or telephone credit card information.

**Phone registrations cannot be accepted**

Program information: [http://www.pitt.edu/~nursing/continuingedu/fast\\_trackback.html](http://www.pitt.edu/~nursing/continuingedu/fast_trackback.html)