

Registration Form



**Fast Track Back: Re-entry to Practice
for Registered Nurses
October 1 - November 9, 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

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: September 17, 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 September 17, 2008 will be refunded minus a \$35 administrative fee. No program fees will be refunded after September 17, 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

University of Pittsburgh School of Nursing
Chrissy 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