

NURSING EDUCATION OUTREACH EXTERNAL GUEST REGISTRATION FORM

Program Title: **ONS Chemotherapy Biotherapy Course**

Event Date: _____ Time (CST): **08:00 A.M.** Cost \$ **200.00**

Participant Information:

Name: _____ Birth Date: _____

Institution: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Office No.: _____ Pager: _____ E-Mail: _____

On-Site Education Coordinator:

Name: _____ Title: _____

Office No.: _____ Pager: _____ E-Mail: _____

(PLEASE PRINT LEGIBLY. CONFIRMATIONS, RECEIPTS AND/OR CHANGES IN EVENT DETAILS WILL BE RELAYED TO YOU VIA THIS INFORMATION)

PAYMENT OPTIONS (Please check the appropriate box):

1. **Make check payable to: "MD Anderson Cancer Center – Nursing Education Outreach"**

2. **Please charge my credit card:**

Visa / MasterCard / American Express: _____ Exp. Date _____ 3-Digit Security Code: _____
(please circle one) (credit card number) (on back of card)

Card Holder Last Name: _____ First: _____ Billing Zip Code: _____

Card Holder Signature: _____ Date _____

Fax -or- Mail This Form to:

**MD Anderson Cancer Center
Nursing Education Outreach - Unit 457
1515 Holcombe Blvd.
Houston, TX 77030
Phone: 713-745-0018
Fax 713-563-4958**

Please tell us how you found out about this event:

MDA Nursing Education Outreach Website: ___ Yes ___ No

Outside Website: _____

MD Anderson

Employee Name: _____

Other: _____

Refund Policy: Cancellation must be in writing one week prior to attendance of course. A \$35.00 cancellation fee will be deducted from refund. No refunds will be given after cancellation deadlines.