



CVNE Conference Registration Form

CONFERENCE DATES: _____

NAME: _____ TELEPHONE () _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

SCHOOL: _____ LICENSE # _____

Email address (for sending conference announcements) _____

Member (check one)

Non-member (check one)

___ Friday\$75
___ Saturday.....\$75
___ Complete Conference\$150

___ Friday\$85
___ Saturday.....\$85
___ Complete Conference\$170

LATE REGISTRATION (postmarked after the first of the month during which the conference will be held). Meals not guaranteed for late registrants. No registration at the door. The Treasurer must receive registration one week before the conference.

___ Friday\$90
___ Saturday.....\$90
___ Complete Conference\$180

___ Friday\$100
___ Saturday.....\$100
___ Complete Conference\$200

Continental breakfast Friday and Saturday – Luncheon Friday and Saturday
___ Check if vegetarian lunch requested

Cancellation policy: 50% refund upon request 48 hours before conference.
100% refund will be given upon request 72 hours before the conference begins.

Approved by California Board of Registered Nursing for Continuing Education credit.
RN Provider # 02816

Note: All CE certificates will be distributed at the end of each conference day. Participants must attend the entire day to receive their CE Certificate.

Make checks payable to: **CVNE**

Conference registration and membership fees may be combined in one check.

Mail Registration form to the CVNE Treasurer: **Susanne Valenzuela**
490 Coronado
Blythe, CA 92225

If you have any questions: **Leave a voice message at 760-921-5444**
Or email svalenzuela@paloverde.edu