

Registration Form

TO REGISTER ONLINE: WWW.CECENTER.STANFORDHOSPITAL.COM, OR CALL 650.723.6366, PRESS OPTION 2 (TTY 650.723.5136) (CREDIT CARD), OR MAIL THE REGISTRATION FORM BELOW, OR FAX YOUR REGISTRATIONS TO 650.725.9937.

NAME (print clearly) _____ EMPLOYER _____
HOME ADDRESS _____ RN LICENSE _____
CITY _____ STATE/ZIP _____ CREDIT CARD # _____
HOME PHONE _____ EXPIRATION DATE _____ CHECK ENCLOSED
EMAIL ADDRESS _____ I HAVE REVIEWED THE CANCELLATION POLICY _____ (initial)

PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS

(Note: We reserve the right to make program changes. You must attend the entire course to receive CE credit. If you have special requirements needing accommodation, please notify us in advance. We do not have accommodations for children. Stanford Hospital and Clinics is a nonsmoking facility.)

DATE	TITLE OF COURSE	FEE CALCULATION
_____	1 _____	\$ _____
_____	2 _____	\$ _____
_____	3 _____	\$ _____
HOME STUDY: TITLE: _____		\$ _____
TOTAL AMOUNT DUE		\$ _____

PAYMENT INFORMATION

Register online or please make checks payable to Stanford Hospital and Clinics and mail with your application to: The Center for Education, 300 Pasteur Drive, MC 5534, Stanford, CA 94305-5534. In the event an emergency makes a program educator unavailable and a qualified substitute cannot be found, we will reschedule you into a future program or issue a full refund. California Board of Registered Nursing, CEP12165

CANCELLATION POLICY

Refund of registration MINUS \$35.00 processing fee for cancellation received at least 7 days prior to course.

NO refund for cancellations received 1 to 6 days prior to course.*

NO refund or course transfer for cancellations received on day of course.

*Transfer to another course within 12 months is permitted one time only. A \$35 processing fee applies.

