

Registration

ONLINE REGISTRATION IS AVAILABLE AT WWW.VICTORCENTER.ORG

Registration Deadline: March 24, 2008

Mail completed form with payment to:

Albert Einstein Healthcare Network, Attn: K. Sarlson
Development Office, Braemer Building
5501 Old York Road
Philadelphia, PA 19141

NAME(S)

PROFESSIONAL AFFILIATION/INSTITUTION

PREFERRED ADDRESS

CITY/STATE/ZIP

HOME PHONE

WORK PHONE

EMAIL ADDRESS (REQUIRED)

Complete only if applying for Credits. There is no additional charge for those receiving credits.

I am applying for (check all that apply):

- | | |
|---|------------------|
| <input type="checkbox"/> CME's (approved for 6 hours) | License #: _____ |
| <input type="checkbox"/> PSNA Nursing 6 contact hrs applied for | License #: _____ |
| <input type="checkbox"/> PA Social Worker CE's (approved for 6 hours) | License #: _____ |
| <input type="checkbox"/> NJ Social Worker CE's (pending) | License #: _____ |
| <input type="checkbox"/> Genetic Counselors CE's (approved for .6 CEU's) | S.S. #: _____ |
| <input type="checkbox"/> Certified Health Education Specialist CE's (pending) | CHES #: _____ |

REGISTRATION FEES

\$36; \$18 for students and seniors

Enclosed please find my total payment of: \$ _____ for

of Registrations @ \$36: ____ x \$36 = _____

of Registrations @ \$18: ____ x \$18 = _____

of Kosher lunch(s) requested _____

Please contact me about applying for a scholarship to attend.

Please contact me about Sponsorship opportunities.

Please make checks payable to: ALBERT EINSTEIN HEALTHCARE NETWORK

CREDIT CARD PAYMENT

Check One: Personal Business

Type of Credit Card: VISA MC AMEX

NAME ON CREDIT CARD

CREDIT CARD NUMBER

EXP. DATE

V-CODE

AUTHORIZED SIGNATURE

How did you hear about the Symposium? _____