

LPCH Center for Nursing Excellence Class Registration Form

Please print this form and submit by mail or fax, to the LPCH Nursing Education Department.
Submit payment (if applicable) with this registration.

If you are planning to use a transfer of funds form, please have your manager sign the form and submit it with your registration. **You will not be registered unless BOTH forms are completed. FAX: 650-498-2651**

Last Name: _____

First Name: _____

Unit you work on: _____

Cost Center Number: _____

Your Employee ID Number: (for LPCH employees only) _____

Your Nurse Manager: _____

Professional License Number: _____

Home Address (Street/Apt): _____

City: _____

State: _____

ZIP Code: _____ - _____

Home Phone: _____

Email Address: _____

Class you are registering for: _____

Class Dates & Times: _____

Please add the course text to this purchase: YES NO

- Method of Payment: Cash/Check
 Mastercard _____
 Visa _____
 Discover _____
 American Express _____
 Card # Expiration Date _____
 Attached is the Tuition Transfer of Funds form, signed by my manager.
Amount being paid = \$ _____

Your space in our class will be CONFIRMED once payment is received (if applicable). If you do not receive a confirmation notice, you do not have a reserved spot in the class.

Your Signature: _____

Date Submitted: _____