



CURRENT TIDES AND FUTURE WAVES IN NURSING PRACTICE

Golden Nugget, Atlantic City – June 15, 2018

R E G I S T R A T I O N F O R M

To register, please complete this form and mail or fax (609-441-8178) with full payment to: AtlantiCare Regional Medical Center Current Tides
1925 Pacific Avenue, 8th Floor, Trauma Dept.
Atlantic City, NJ 08401

Please make checks payable to: **ARMC CURRENT TIDES**

Name: _____ Credentials: _____

Address: _____ Clock Number: _____ -

City/State/Zip: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address (REQUIRED): _____ Affiliation: _____

Early Registration Through May 31		After May 31
June 15, 2018 (Full Conference - 5.5 credits)	\$100	\$120

- A \$20.00 late fee will be charged for registrations received after May 31, 2018.
- Tuition fees include food provided at designated times.
- Cancellations by May 15, 2018 will receive a full refund; cancellations after that date incur a \$50 administrative fee. No refund after June 1, 2018.

Please register me for the following:

- June 15, 2018 (Full Conference) \$ _____
- Late Fee after May 31 (\$20.00) \$ **20.00**
- \$ _____ (Total)

Payment Information: (Choose one)

Payroll Deduction:

I authorize AtlantiCare Regional Medical Center to deduct the registration fee for Current Tides 2018 from my pay as follows:

ONE TWO consecutive pays.

(Please check preference, if no preference is checked; one consecutive pay will be used)

Employee Name: _____

Total Deduction: _____

Signature: _____

Clock number: _____ (Required)

Credit Card:

Visa MC AmEx Discover

Credit Card Number: _____

CVC Code: _____

Expiration Date: _____ / _____

Cardholder's Name: _____

Signature: _____

Billing Address: _____