



A MEMBER OF GEISINGER HEALTH SYSTEM

CURRENT TIDES AND FUTURE WAVES IN NURSING PRACTICE

One Atlantic, The Pier Shops at Caesars – June 5, 2017

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): _____

Early Registration Through May 19		After May 19
June 5, 2017 (Full Conference - 5.5 credits)	\$95	\$115

- A \$20.00 late fee will be charged for registrations received after May 19, 2017.
- Tuition fees include food provided at designated times.
- Cancellations by May 5, 2017 will receive a full refund; cancellations after that date incur a \$50 administrative fee. No refund

Please register me for the following:

- June 5, 2017 (Full Conference)
 Late Fee after May 19 (\$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 2017 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: _____

