

Top Gun School for Skilled & Subacute Care Nurses

June 15 & 16, 2022

REGISTRATION



YOU MAY REGISTER IN ONE OF FOUR WAYS:

- BY FAX:** Fax your completed registration form along with your credit card information to 609-584-1047.
- BY EMAIL:** Email your completed form to michelle@hcanj.org.
- BY MAIL:** Mail your completed registration form along with your check or credit card information to:
Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, NJ 08691
- ONLINE:** Visit our website at www.hcanj.org and click on the Events and Education tab to find the event.

If you have questions regarding the program,
please call or email Michelle Palko at 609-890-8700 or michelle@hcanj.org.

Registration sales are final. Refunds or credits toward future HCANJ events are not available.
Registrant substitutions from the same center are acceptable.

HCANJ Member: \$250 per person **Non-member:** \$450 per person

Attendee Information

Name _____

Title _____

Email address _____

Each attendee must provide their own email address

I am a/an RN LPN CNA OTHER _____

Center Information

Center name _____

Address _____

Payment Information

Payment method Check/Money order in the amount of \$ _____ **OR**

Please charge my credit card for \$ _____ Visa MasterCard American Express

Credit card number _____

Expiration date _____ Security code _____ Billing zip code _____

Cardholder name _____

Cardholder email _____

By checking this box, I authorize HCANJ to charge my credit card for the amount shown.

FOR INTERNAL USE ONLY: Registered _____ AMO Pmt _____ Bkping _____