MAHEC PROJECT ECHO®: NURSE EXECUTIVE/ADVANCED NURSE CERTIFICATION REVIEW COURSE



8-Part Video Teleconferencing Series

REGISTRATION FORM

Updated contact information		20NE038/61010
NAME		
CREDENTIALS		
SOCIAL SECURITY # XXX-XX		(last 4 digits required)
EMAIL ADDRESS		
HOME ADDRESS		
	_ STATE	ZIP
HOME #	WORK #	
EMPLOYER		
DEPARTMENT		
EMPLOYER'S ADDRESS		
		ZIP
Program announcements will be s from receiving MAHEC emails. We		
Please remove my name from	the MAHEC I	nailing list.
\$250.00 \$265.00 (if after	er February 1	0, 2020)
Full payment must accompany a	all submitted	registrations unless a

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

Check is enclosed	Credit card info	rmation provided
Visa MasterCard	Discover Card	American Express
ACCOUNT #		
EXP / CODE ON BACK OF CARD (3 digits)		
NAME ON CARD		

SIGNATURE _

PLEASE SELECT WHICH SERIES YOU WILL BE ATTENDING

Monday Workshop Series beginning February 17, 2020

Friday Workshop Series beginning February 21, 2020

MONDAY WORKSHOP SERIES

LOCATION	Project ECHO® Video Teleconferencing
MODULE 1 MODULE 2 MODULE 3 MODULE 4 MODULE 5 MODULE 6 MODULE 7 MODULE 8	Monday, February 17, 2020 Monday, February 24, 2020 Monday, March 2, 2020 Monday, March 9, 2020 Monday, March 16, 2020 Monday, March 23, 2020 Monday, March 30, 2020 Monday, April 6, 2020
REGISTRATION	1:45 pm–2:00 pm (same for every module) Note: must login at 1:50 pm for attendance
PROGRAM	2:00 pm-4:00 pm (same for every module)
SERIES FEE	\$250.00 per person

FRIDAY WORKSHOP SERIES

LOCATION	Project ECHO® Video Teleconferencing
MODULE 1 MODULE 2 MODULE 3 MODULE 4 MODULE 5 MODULE 6 MODULE 7 MODULE 8	Friday, February 21, 2020 Friday, February 28, 2020 Friday, March 6, 2020 Friday, March 13, 2020 Friday, March 20, 2020 Friday, March 27, 2020 Friday, April 3, 2020 Friday, April 10, 2020
REGISTRATION	1:45 pm–2:00 pm (same for every module) Note: must login at 1:50 pm for attendance
PROGRAM	2:00 pm-4:00 pm (same for every module)
SERIES FEE	\$250.00 per person

CLICK HERE TO REGISTER

FOR EITHER THE MONDAY OR THE FRIDAY SERIES

Send completed registration to: MAHEC Registration 121 Hendersonville Road, Asheville, NC 28803 Fax completed registration to: 828-257-4768

DISCLOSURES

MAHEC engages in evaluation activities to better understand the impact of our programs. By registering for this course, you agree that we may use your personal information in evaluative research regarding this program. Any reports published will be de-identified and reported in aggregate format.

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HAVE A QUESTION?



Special Services 828-257-4492

Lourdes Lorenz-Miller, RN, MSN, NEA-BC, AHN-BC lourdes.lorenz-miller@mahec.net or 828-707-5111

REGISTRATION INFORMATION 828-257-4475 **FAX REGISTRATION** ONLINE REGISTRATION **EMAIL** MAIL MAHEC Registration

Contact the Program Planner

828-257-4768 www.mahec.net/cpd registration@mahec.net

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