



EST. 1968

CENTER FOR CONTINUING EDUCATION

201-327-8877 / eastwick.edu/eccce

Course Registration Form

First Name

Last Name

MI

Home Address

City/Town

State

Zip Code

Home Phone w/Area Code

Cell Phone w/Area Code

Email Address

	Course Title	Date	Cost
<input type="checkbox"/>	Long-Term Care Certification for the LPN	Oct 10th and 24th, 2009	\$399
<input type="checkbox"/>	Infusion Therapy for the LPN	Nov. 14th, 2009	\$199
<input type="checkbox"/>	Management of Older Adults with Cancer	Jan. 9th and 23rd, 2010	\$399
<input type="checkbox"/>	Fundamentals of Chart Auditing	Jan. 30th; Feb. 6th, 2010	\$399
<input type="checkbox"/>	Wound Care Certification	Feb. 13th and 27th, 2010	\$399

Total Cost

Check #: _____ Make checks payable to Eastwick College

Visa MC Discover Credit Card # _____

Exp. Date ____ / ____ / ____

Signature (as name appears on card)

Date ____ / ____ / ____

Once this form and full course payment are received, you will be registered for your course(s). Unless notified otherwise, please report to your first scheduled class. NO CONFIRMATION WILL BE SENT.