LPCH Center for Nursing Excellence
Class Registration Form

Please print this form and submit by mail or fax, to the LPCH Nursing Education Department. Submit payment (if applicable) with this registration. If you are planning to use a transfer of funds form, please have your manager sign the form and submit it with your registration. You will not be registered unless BOTH forms are completed. FAX: 650-498-2651

Last Name: __________________________________________
First Name: _________________________________________
Unit you work on: ___________________________________
Cost Center Number: _________________________________

Your Employee ID Number: (for LPCH employees only) ________________________________________
Your Nurse Manager: ________________________________________________
Professional License Number: ________________________________________

Home Address (Street/Apt): __________________________________________
City: _____________________________________________________________
State: ________________________________
ZIP Code: __________-________ 
Home Phone: ________________________________
Email Address: ___________________________________________________

Class you are registering for: _________________________________________
Class Dates & Times: _______________________________________________

Please add the course text to this purchase: □ YES □ NO

Method of Payment: □ Cash/Check
□ Mastercard ________________________________________________
□ Visa _______________________________________________________
□ Discover _________________________________________________
□ American Express __________________________________________
□ Card #  Expiration Date __________
□ Attached is the Tuition Transfer of Funds form, signed by my manager.
Amount being paid = $________________

Your space in our class will be CONFIRMED once payment is received (if applicable). If you do not receive a confirmation notice, you do not have a reserved spot in the class.

Your Signature: ________________________________________________

Date Submitted: ________________________________

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