



Registration Form

October 29, 2020
7:45 a.m. – 5:30 p.m.

Mail completed form and check to Clarehouse 7617 S Mingo Rd, Tulsa, OK 74133.

Name: _____ Credentials: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

\$95 ELNEC Course Fee (per participant) – includes breakfast, lunch, snacks, program materials

Number of Participants: _____

Please list name(s) and email address(es) of participant(s):

\$90 CE Fee (per participant – for nursing participants only)

Number of Participants Requesting CEs: _____

Please list name(s) of participant(s) requesting CE fees:

TOTAL: \$ _____