



Registration Form

Knowledge Impact Conference

Fill out and return this form to (please print):

Boston College Continuing Education Program
Cushing Hall 205
Chestnut Hill, MA 02467-3812
Fax: 617-552-3411 (For Visa or MasterCard only)

Personal Information

Name _____

Credentials _____

Title _____

Home Address _____

City _____

State _____ Zip _____

Soc. Sec. # _____

Affiliation _____

Day Telephone _____

Registration Information

Fees (Please check one):

Regular/International Registration \$300

Students and Retirees (Attach Documentation) \$260

Late Registration Fee: Regular \$50
(after September 15, 2001)

Students \$30

Conference Registration:

Includes all sessions, scheduled meals, receptions, refreshment breaks, conference materials and CEU certificate.

Payment (Please check one):

Check or Money Order enclosed, payable to
Boston College School of Nursing
in US Dollars, drawn from US bank.
No cash please.

Visa

Master Card

Account # _____

Exp. _____

Signature _____

Cancellation Information:

If unable to attend, substitutions are always permitted. A full refund, less \$35 administrative costs, will be provided if your request is received in writing by September 15, 2001. **No refunds can be made after this date.**