

REGISTRATION FORM

43RD Annual Seminar for GI Nurses & Associates Seminar
Saturday, September 21st, 2018
Hilton Los Angeles/Universal City
555 Universal Hollywood Drive
Los Angeles, California

PLEASE PRINT CLEARLY

Last Name: First Name: _____

Credential:

RN LVN NP CNA MD Other _____

Address Unit/Apt # _____

City State Zip Code _____

(____) _____ (____) _____
Contact Phone Work Phone Email Address

Required for registration confirmation

Work Facility

License Information

License Number: State

Mandatory for Nurses, as required by Nursing State Boards

Amount Enclosed: Check Number: Cedars-Sinai/UCLA Emp ID#: _____

Vegetarian Meal

MAKE CHECKS PAYABLE TO: **C.U.R.E. Foundation**

Return This Form To: Loretta So, RN
GI Nurses Seminar
9854 National Blvd #266
Los Angeles, CA 90034