



Pharmacology Update:

Psychiatric Pharmacotherapy for Advance Practice Nurses

REGISTRATION FORM (please PRINT CLEARLY)

March 5, 2019

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell phone: _____ **Email:** _____

Registration Fees

Fee: \$20.00 per person includes dinner **TOTAL:** _____

Credentials (please check one)

- ☐ **RN**
- ☐ **APRN**
- ☐ **Student RN**
- ☐ **Student APRN**

Make checks out to: Northwest Arkansas Educational Consortium

Mail checks to:

Northwest Technical Institute P.O. BOX 2000 Springdale, AR 72765-2000

Attention: Debra Walker – Director of Nursing

Questions: 940-631-5428 or email to debnurprac@gmail.com