



AACN Houston Gulf Coast Chapter

# CCRN Exam Review Course

featuring Dr. Laura Gasparis Vonfrolio, PhD, RN

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September 12 - 13, 2019 • <https://www.aacnhouston.org/review>

## ATTENDEE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ ☐ Female ☐ Male  
Email Address \_\_\_\_\_ Contact Number \_\_\_\_\_

## REGISTRATION TYPE

- ☐ AACN Houston Member *Early Bird* Registration (\$325) - **on** or **before** August 11, 2019  
AACN Member ID Number: \_\_\_\_\_
- ☐ Non-AACN Houston Member *Early Bird* Registration (\$350) - **on** or **before** August 11, 2019
- ☐ AACN Houston Member Registration (\$350) - for registration **after** August 11, 2019  
AACN Member ID Number: \_\_\_\_\_
- ☐ Non-AACN Houston Member Registration (\$375) - for registration **after** August 11, 2019

## PAYMENT INFORMATION

☐ My check is enclosed.

☐ Please bill my credit card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name (as it appears on card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Signature \_\_\_\_\_

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## PLEASE REMIT PAYMENT TO:

AACN Houston Gulf Coast Chapter  
PO Box 20746, Houston, TX, 77225-0746  
Secure Fax Toll Free: (844)764-6341

Note: Registration date will be based on the postmark date.