

REGISTRATION FORM

(Complete form and return with full payment)

Registration Deadline: February 22nd, 2010

SEXUAL ASSAULT NURSE EXAMINER
TRAINING

March 1st-4th, 2010

Blandin Foundation

Name _____

Position _____

Hospital/Agency _____

Address _____

City _____

State/Zip _____

County _____

Phone _____

Fax _____

E-mail _____

I will be attending: (Check one)

4 days ____ 2 days ____ 1 day ____

If not attending all 4 days, which day (s) will you be attending? (Specify day and date)

Make checks payable to:

Itasca Alliance Against Sexual Assault

Mail check and registration to:

Itasca Alliance Against Sexual Assault

Attn: Leah Mornes-Kulcsar

501 S. Pokegama Avenue

Grand Rapids, MN 55744

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