

Course Registration

Name _____ Degree _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Course(s) & tuition:

#1 _____ Tuition _____

#2 _____ Tuition _____

#3 _____ Tuition _____

CME/CEU credit:

Add \$20/course for certificate.

CME/CEU Credit: _____

Circle: CME (medical) or CEU (social work)

PLEASE NOTE: Tuition for residents, students, and trainees is \$50 per course, with the possibility of fee reduction if needed. (Fees are not intended to discourage interested trainees. Please apply to Ms. Wilcox for a fee reduction if you wish to take a course but cannot afford the fee.)

Please indicate if you are a resident, student, or trainee: _____ Tuition for trainees _____

TOTAL \$ _____

Return with check (*payable to WNEPS*) to:

WNEPS Continuing Education
255 Bradley Street
New Haven, CT 06510

Questions? Contact Ms. Kathy Wilcox
203.562.2103
kwilcox@wneps.org