



CEU's REGISTRATION FORM



Attendee Name _____

Florida Professional License Number _____

Business Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

E-mail _____

5946 Main Street
New Port Richey, FL 34652
Phone: (727)846-0320
Fax: (800)545-1374
Email: info@SENPA.org
May 19, 2019

Option 1 – Sunday 6 CEUs include Medical Errors

SENPA Member: _____ @ \$95 _____

SENPA Non-member: _____ @ \$110 _____

Option 2 - Guest or Attendee - No CEUs Issued

SENPA Member: _____ @ \$ 25 _____

SENPA Non-member: _____ @ \$ 35 _____

Option 3 - Medical Errors (Sunday Only) - 2 CEUs

SENPA Member: _____ @ \$ 45 _____

SENPA Non-member: _____ @ \$ 69 _____

Option 4 – Sunday 4 CEUs w/o Medical Errors

SENPA Member: _____ @ \$ 51 _____

SENPA Non-member: _____ @ \$ 75 _____

TOTAL DUE _____

TOTAL DUE \$ _____

PAY BY CHECK

Make payable to SENPA, Inc.

PAY BY CARD (Circle one)

Visa Master Card Amex

Card # _____

Exp: _____ / _____ Sec.Code# _____

Name on Card: _____

Card's billing addresses:

City: _____

State: _____ Zip: _____

Signature: _____

SENPA is authorized to charge credit card listed above for the SENPA Spring Comprehensive Education Program.