

2017 REGISTRATION FORM

INDIANA NAVIGATOR CONTINUING EDUCATION

Date and Location Options (Select One):

July 12 – 9am-11am CST
ECHO Community Healthcare
315 Mulberry Street
Evansville, IN 47713

July 26 – 9:30am-11:30am CST
HealthLinc
2401 Valley Drive
Valparaiso, IN 46383

July 31 – 9:30am-11:30am CST
NorthShore Health Center
2490 Central Avenue
Lake Station, IN 46405

Attendee (Navigator/Producer) Information:

First Name: _____ Last Name: _____

Organization: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Indiana Navigator License Number: _____

Email Address: _____ Phone: (____) _____

Curriculum Options (Select One):

COURSE OFFERINGS

Medicare Fundamentals - **1 Credit**
Adhering to Privacy and Security
Standards: Safeguarding Personally
Identifiable Information - **1 Credit**

\$15 Member Price (Per Credit Hour)

Non-member Price: \$20 per credit hour

Payment Information:

Payment Amount: \$ _____ Payment Type: Visa MasterCard AMEX Check (enclosed)

Credit Card Number: _____ CSC: _____ Expiration Date: _____ / _____

Cardholder Signature: _____

Please send completed form to Nancy Curd via email (ncurd@indianapca.org), fax (317) 630-0849 OR by mail: 429 N. Pennsylvania St., Ste. 333 · Indianapolis, IN 46204

QUESTIONS: (317) 983-6340 · www.indianapca.org

