

MEDICAL UNIVERSITY OF SOUTH CAROLINA
COLLEGE OF NURSING
OFFICE OF CONTINUING NURSING EDUCATION

**INTERMEDIATE - BASIC MEDICAL SPANISH FOR
HEALTHCARE PROFESSIONALS**

REGISTRATION FORM

_____ **Spanish 111 Fall 09** 28 Nursing Contact Hours **\$300.00**
(Does not include Textbook)

_____ **Spanish 111 Fall 09** Without Nursing Contact Hours **\$270.00**
(Does not include Textbook)

Wednesdays – September 2 – December 9, 2009
4:00-6:00pm
College of Nursing – Room 322

Name: _____

Discipline: _____

SS#: _____ Day Time Phone: _____

Mailing Address: _____

Email Address: _____

Employing Agency: _____

Mail with check payable to "MUSC/CON" to: Medical University of South Carolina,
College of Nursing, Office of Continuing Nursing Education, 99 Jonathan Lucas Street,
Room 517, PO Box 250160, Charleston, SC 29425

Check # _____ ***Or Charge to*** { } VISA { } MasterCard

Account#: _____ Exp Date: _____

Signature: _____

Credit Card Registrations / IITs may be faxed to 843/792-3680