

CNE Event Posting

Event Title _____

Location _____

Date _____

Fee _____

Number of CE Credits _____

Description (limit 100 words)

Registration Instructions

Total \$ _____ **(\$49 fee per ad)**

Ad will run for up to 60 calendar days from date posted

Check enclosed OR Charge to Master Card Visa Discover

Card number _____ EXP ___/___/___ Sec Code _____

Name on Account _____ Zip Code _____

Submitted by _____ Phone _____

Credit card orders: save form and email to office@nhnurses.org or fax at 603-228-6672

Check orders: print and mail to NHNA 201 N. State Street, Suite 1-A Concord, NH 03301