UNIVERSITY OF THE PHILIPPINES NURSING ALUMNI ASSOCIATION INTERNATIONAL, INC. 36TH Annual Educational Conference August 7, 2015

Seminar Attendee Contact Information Sheet & Attendance Verification

Last Name	First Name		Middle Initia	
Address:				
# Street Name	City	State	Zip Code	
Phone #s:				
Home	V	Vork	Cell	
State of RN License Issuance:		License #		
UPNAAI Member: □ YES □ NO	Type of Men	nbership: 🗆 Annual 🛭	☐ Lifetime ☐ Associate	
Primary Email Address:				
Seminar Attendance Ve	erification: First	Portion		
	Secor	nd Portion		
PLEASE READ - VERY IMPORT				
1 Malso avera to fill in view		it ann agus in vour DN lis	070.0	
 Make sure to fill in your name exactly as it appears in your RN license. Your EMAIL address is quite important. We will use this to send you the seminar 				
 		e will be EMAILED to you	u upon completion of	
the electronic seminar of the semina		eve this sheet verified by	door monitors.	
4. You will need to get you	ır sheet verified A	GAIN when you return t	to the seminar room	
after the break. 5. You <u>will not be allowed</u>	to enter the semi	nar room if you are 15 n	ninutes late. If you are	
		ninar, your attendance V	· III	
6. Please make sure you u	se the restrooms	prior to entering the sen	ninar room.	
II				

I certify that I have read the notice in the preceding text box and that I attended the entire morning conference as scheduled.

Signature	