

REGISTRATION FORM
Getting Magnetized: Search and Service Strategies for Nursing Excellence

Friday, June 29, 2007, 9:00 a.m. – 4:30 p.m.
Kirstein Living Room, Beth Israel Deaconess Medical Center, Boston
Directions to the Medical Center: http://www.bidmc.harvard.edu/display.asp?node_id=92

Name: _____

Position Title: _____

Institution: _____

Street (PO Box): _____

City, State, Zip: _____

Tel: _____ Email: _____

Please indicate if you are eligible to receive:

- Nursing CE credits _____
- MLA CE credits _____

Please note any dietary restrictions: _____

Fee Schedule For Early Registration (postmarked June 15th or earlier)

_____ \$25 MAHSLIN/NAHSL MEMBERS
_____ \$40 NON-MAHSLIN/NAHSL MEMBERS

Fee Schedule for Registration (postmarked after June 15th)

_____ \$35 MAHSLIN/NAHSL MEMBERS
_____ \$60 NON-MAHSLIN/NAHSL MEMBERS

Full refund granted upon notification of cancellation by the end of the day, Tuesday, June 26th, 2007.

Please forward this completed registration form and a check made payable to “MAHSLIN” in the correct amount to:

Alison Clapp
Children’s Hospital Boston Library
Library, Fegan Plaza
300 Longwood Avenue
Boston, MA 02115

Questions: alison.clapp@childrens.harvard.edu or 617-355-7232

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