

**WIDNER LAW – HEALTH LAW INSTITUTE
HEALTH CARE COMPLIANCE CERTIFICATION
MARCH 2- 5, 2009**

PLEASE PRINT NEATLY AND ENSURE YOUR EMAIL ADDRESS IS LEGIBLE

Name: _____ Email: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

PAYMENT CHOICE

___ I have enclosed a check payable to **Widener University** for \$ _____

___ Please charge my Visa/Master Card. Total Amount \$ _____

Name on Card: _____ Acct #: _____

Expiration Date: _____ Signature: _____

COMPANY INFORMATION

Company Name: _____ Position Title: _____

Company Address: _____

City _____ State _____ Zip _____

PLEASE INDICATE BELOW:

___ I am an attorney and will attend the program solely for CLE credit (tuition is \$100.00 per day)
Attorney ID # _____

___ I am an attorney, but wish to receive CCB credits as well as CLE credits (tuition is \$400.00 per day)
Attorney ID # _____

___ I am not an attorney.

EDUCATION MATERIALS

Education materials are available on a flash drive or in a binder. Please indicate your preference. If both, we will contact you to process an additional charge of \$25.00.

___ I prefer a flash drive to use on my laptop computer

___ I prefer a binder with copies of the program materials

**You may fax the form to the attention of Karla Harris at (302) 477- 2067
If you have questions, you may call (302) 477- 2704**