

NURSING EDUCATION DAY

March 24, 2010

**PLEASE FORWARD REGISTRATION AND PAYMENT
DIRECTLY TO THE ADDRESS LISTED ON THIS FORM
DO NOT INCLUDE WITH CONVENTION REGISTRATION**

NEW JERSEY LEAGUE FOR NURSING

March 24, 2010 8:00 a.m. – 4:00 p.m.

A Regional Workshop for Nurse Educators

“Be An Innovative Nurse Educator: Strategies That Promote Classroom & Clinical”

SPEAKER:

Judith Herrman, PhD, RN, Associate Professor, Assistant Director, University of Delaware School of Nursing

PROGRAM OVERVIEW:

This all day program will assist nurse educators to connect with students and "turn them on to learning." The best way to inspire student learning is to create an active learner-centered environment that captures student's attention, helps students remember material, inspires critical thinking and is FUN!!! During this program, Dr. Herrman will explore the integration of specific creative strategies in the classroom, clinical area and nursing laboratory that are effective in increasing student learning and the retention of information. The strategies are quick, easy to implement and can be transferred to a wide range of teaching topics. This is a comprehensive nursing educational experience for novice or experienced educators in schools of nursing, allied health, and clinical settings.

CONTACT HOURS: Approximately 6 contact hours (NJSNA is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.)

**PRE-REGISTRATION IS REQUIRED.....REGISTER BY FEBRUARY 28TH TO SAVE!!
DEADLINE: MARCH 15, 2010 – NO REFUNDS WILL BE ISSUED**

PLEASE PRINT:

Name: _____
Home Address: _____
(Street) (City) (State) (Zip)
Day Phone: _____ E-mail: _____@_____

<u>COST:</u>		<u>Prior to 2/28/10</u>	<u>After 2/28/10</u>
NJLN Member	()	\$ 145*	() \$ 170*
Non-member	()	\$ 175	() \$ 200

***GROUP DISCOUNT: Discount eligibility applies to 3 or more individuals who register at the same time, with payment in full, may take the NJLN Member rate @ \$145 prior or \$170 per person after 2/28/10. A separate Registration Form must be completed for each person.**

Charge \$ _____ to: () VISA () MASTERCARD () AMERICAN EXPRESS

ACCT # _____ EXP. DATE: _____ SECURITY CODE: # _____

NAME ON CARD: _____ SIGNATURE: _____

Billing Address of Card (if different from above) _____

PURCHASE ORDERS: Full payment must be received prior to March 15th or registrant will be required to provide a personal credit card as a guarantee of payment until purchase order is paid.

Make checks payable to: "NJLN" Register with credit card by: Fax: 908-789-0727 (or) Phone: 908-789-3398

Please mail registration form and full payment to: NJLN, PO Box 165, Garwood, NJ 07027