

**Missouri Nursing Students' Association  
NURSING SHOWCASE AND CAREER DAY**

**April 21, 2010  
Southeast Missouri State University-University Center  
Cape Girardeau, Missouri**

**“Surviving Nursing School: Where the Nursing Student Comes First”**

**SCHOOL REGISTRATION FORM**

NAME OF  
SCHOOL \_\_\_\_\_

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT  
PERSON \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

Number of Student Registrations \_\_\_\_\_ (Include names of students on registration form)

**Method of Payment**

**Payment Method:** \_\_\_\_\_ Check \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ American Express  
Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip \_\_\_\_\_  
Verification Code \_\_\_\_\_ MCC/VISA(3 digits from back) \_\_\_\_\_ AMEX (4 digits from front)  
Cardholder  
Name/Address \_\_\_\_\_

**Phone** \_\_\_\_\_

**Total Amount Enclosed \$** \_\_\_\_\_

**Mail registration form and method of payment to:**

**MONSA  
ATTN: 2010 Career Day  
P.O. Box 345  
Jackson, Missouri 63755**

**Questions regarding registration can be  
directed to MONSA @charter.net or  
by calling 573-651-2939**

**SCHOOL REGISTRATION FORM** (Attach additional pages if necessary)

**NAME OF SCHOOL** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ **PHONE/EMAIL** \_\_\_\_\_

**STUDENT NAME**

**Email**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

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16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_