

**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. _____

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20. _____