2013 Nurse Practitioner Conference March 7 & 8, 2013

| ALTERNATION AND ADDRESS OF THE PARTY OF THE | | First | Middle |
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| Credentials | | | |
| Home Mailing Addr | esşNumber | | |
| | Number | | Street |
| City | | State | Zip |
| DAYTIME Phone (_ | _) | Pi | articipants ID (Last 4 digits SS# |
| E-mail | | | |
| Are you a member of: | South Plain | a Tau International is NP Association es Association | |
| What type of setting d | lo you work in? | | |
| Long term care | | | |
| Acute care | | | |
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| County you work in? | | | |
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| Which applies to your | county? | | |
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