

REGISTRATION FORM

Cyber Security & Risk Workshop

STEP ONE: Your Information (please print)

Name (please include designations: i.e. RN, MT, BSN, etc.)

Title

Hospital/Organization

Address, City, State, ZIP

Phone

Email

STEP TWO: Payment Information

Cyber Security and Risk Workshop \$195 for NHA members \$295 for non-members

Pay by Check (Please make check payable to NHA Foundation) Invoice Me

Pay by Credit Card: Visa MasterCard Discover

Name on Card: _____

Credit Card #: _____ CVV# _____ Expiration Date: _____

Signature: _____

STEP THREE: Register

MAIL your registration and payment to Nebraska Hospital Association, P.O. Box 82653, Lincoln, NE 68501-2653;

OR SCAN/EMAIL your registration to: hbullock@nebraskahospitals.org;

OR FAX your registration to (402) 742-8191. This line is available 24/7.

Registration deadline is February 21, 2020. Space is limited, so please register early to secure your seat.



3255 Salt Creek Circle, Ste. 100
Lincoln, NE 68504-4778
p: 402.742.8140 | f: 402.742.8191
nebraskahospitals.org
Laura J. Redoutey, FACHE, President