



REGISTRATION FORM NCLEX RN REVIEW CLASS



PLEASE PRINT.

Last Name	First Name
Home Address (No., Street., Apt. #)	
City	State, Zip
Email Address	
Home Phone	Work Phone
Mobile Phone	Pager Number
Employer	
Position	
Nursing School	
Country	Year Graduated
Expected Date of NCLEX RN Test	

I hereby authorize the Nursing Advocates & Mentors, Inc. and its officers, the use of my name for promotional, research and survey purposes, if needed. I also promise to abide by the rules and regulations the RN Review Coordinating Team have promulgated for this review.

I have enclosed a (1) donation of \$_____ payable to NAMI, to defray miscellaneous review expenses including copying and printing of study materials; and, \$25.00 registration fee payable to The Filipino Community Center, Inc.

Signature

Date

Deadline of registration is on _____

Mail registration form to:
Nursing Advocates & Mentors, Inc.
Attention: Beatrice Ramos-Razon
P.O. Box 2034
Aiea, Hawai'i 96701

IMPORTANT: Notice of Acceptance will be mailed hence enclose a self-addressed stamped envelope.
This is a downloadable form.