

# EPEC

## Education For Physicians/Providers on End-of-Life Care REGISTRATION FORM

Check Date/Location Registering For:

_____	Feb 24-25,	Joplin
_____	April 21-22	Cape Girardeau
_____	June 9-10	Springfield
_____	August 11-12	Kansas City
_____	October 13-14	St. Louis

**(Please PRINT)**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Discipline:** \_\_\_\_\_ Administrator \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ Social Work \_\_\_\_\_ Pastoral

\_\_\_\_\_ CNA \_\_\_\_\_ MD \_\_\_\_\_ DO Other (Please Indicate) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Dept/Specialty \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

E-MAIL \_\_\_\_\_

**COURSE IS COMPLIMENTARY / No Charge!!**

Manual, Power Point CD, Education Credit & Continental Breakfast provided *Complimentary!*  
(Space Fills Up Quickly ~ Register early to reserve your space!)

**Fax Registration to**

Traci Smith, Associate Director

Community Alliance for Compassionate Care

***FAX NUMBER (417-865-5725)***

**For More Info Call: 417.865-4501(o) 417.619-7966 (c)**