



# Sexual Assault Nurse Examiner Training

**MARCh 6<sup>th</sup>-10<sup>th</sup>, 2012**


**7:30 AM – 6:00 PM**

- \* **44 hours CEU** (applied & previously approved) for this SANE Training.
- \* Course fee (*includes lunch all 4 days*) is **\$ 350.00** and must accompany registration to hold your place. If you are wanting to participate in the pelvic competency and clinical skills lab there is an additional \$200.00 charge for the standardized patients.
- \* Once your registration is processed, you will receive a letter of confirmation with directions and details so please be sure to list your home address or an appropriate address on the registration form so you will receive this information in a timely manner.
- \* Deadline for registration is **February 26th, 2012**. (Sorry, no refunds after February 26<sup>th</sup>, 2011) If you cancel after deadline, your fee can only be applied to the September 2012 SANE Training course less \$75 cancellation fee.
- \* For more information, contact Carolyn Cordle, RN, BSN, SANE-A at:

**Phone: 816-691-5441**

**Email: [carolyn.cordle@nkch.org](mailto:carolyn.cordle@nkch.org)** (Please put "SANE training" in RE line)

**Or view our website at [www.coversa.org](http://www.coversa.org)**

 Please PRINT out this information, keep *THIS* page for your records & MAIL or FAX the following Registration Form with payment.



**MAIL your registration to:**

or



**FAX to our secure fax line:**

**COVERSA**

**ATTN: SANE Training**

**2900 Clay Edwards Dr. # 205**

**North Kansas City, Missouri 64116**

**816-221-2189**

 Your confirmation/registration information for the March SANE Training will be mailed to you. If you have NOT received any correspondence within 2 weeks of submitting your registration, please notify us.

 Thank you!

\* MAIL or FAX this registration form with payment information. \*

# March 2012 SANE Training COVERSA Registration Form

Name: \_\_\_\_\_  RN

(Home) Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Affiliation/Employer: \_\_\_\_\_

Please tell us how you heard about this SANE Training course:

- COVERSA website
- Web search
- Word of mouth from \_\_\_\_\_
- Employer
- Other: \_\_\_\_\_

## \$ 350 PAYMENT INFORMATION:

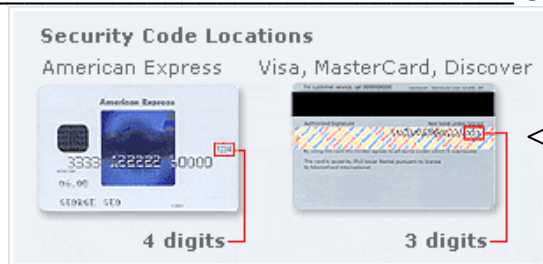
(Full payment must accompany registration to hold your place)  
Additional \$200 if you are participating in lab

Check or Money Order payable to **COVERSA**

Master Card     VISA

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_



Where to find security code

MAIL this registration to:

OR

FAX to:

**COVERSA**  
**ATTN: SANE Training**  
**2900 Clay Edwards Dr. # 205**  
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