

Surviving and Thriving by Developing Creative Approaches to Teaching in the Health Sciences
MINNESOTA HEALTH CARE EDUCATOR WORKSHOP
Arrowwood Resort, Alexandria, MN 56308
April 18, 19, 20, 2001

A. CONFERENCE REGISTRATION:

1. Complete the conference registration form located at the bottom of this sheet by March 19, 2001.
2. Enclose the registration fee of \$30. Make checks out to MN PNEDA. Receipt provided at conference.
3. Complete Recognition Award Forms for qualified individuals and/or agency.
4. Return the registration form, registration fee, and Recognition Award Forms to:
Rochester Community & Technical College
c/o Nursing, Box 10
851 30th Avenue SE
Rochester, MN 55904

B. ARROWWOOD RESORT RESERVATION

1. Please use the attached registration form if you wish to mail or fax directly to Arrowwood; be sure to indicate your 'package choice'. If necessary, you may call (320) 762-1124 or 1-800-333-3333. Reservations need to be made prior to March 19. When making reservations, please identify the group affiliation of "MN Health Care Educator Workshop" to ensure special conference rates.
2. Participants who register by the deadline and who live >50 mile radius from Arrowwood, will be eligible for further reduced conference rates through a MnSCU CTL Grant (rates adjusted at time of check-out).

REGISTRATION DEADLINE: March 19, 2001

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Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ e-mail: _____

Teaching Discipline (please check):

- | | | | | |
|---|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> ADN | <input type="checkbox"/> Surgical Tech | <input type="checkbox"/> PN | <input type="checkbox"/> NA | <input type="checkbox"/> BSN |
| <input type="checkbox"/> OTA | <input type="checkbox"/> Chiropractic Tech | <input type="checkbox"/> HST | <input type="checkbox"/> PTA | <input type="checkbox"/> Health Unit Coord |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Dental Asst. | <input type="checkbox"/> Medical Asst | <input type="checkbox"/> Pharm Tech | |

Please indicate which sessions you plan to attend:

- Wednesday Evening, Reception
- Thursday AM
- Thursday PM
- Friday AM