NORTHWESTERN HEALTH SCIENCES UNIVERSITY
Continuing Education

Mail-in Registration form

Please fill out completely.

First Name	Last Name	
Mailing Address		
City	State	Zip Code
Date of Birth (MM/DD/YY)	College You Attended:	Graduation Date:
Profession type (DC, MT, AC, Other):		
State(s) of License/License # (if applicable):		
Email address (required):		
Daytime phone:		

Name of Seminar	**Date(s) of Seminar**	**Price**
Check #: _____	**Total Amount Enclosed**	**$_____**

Mail this registration form and your check made payable to NWHSU.
Northwestern Health Sciences University
Attn: CE Department
2501 West 84th St, Bloomington, MN 55431
Questions (Mon-Fri, 9am-4pm): (952) 885-5446 or continuinged@nwhealth.edu