



**Florida Community College Jacksonville**  
**5th Annual Excellence in Patient Safety Conference**  
**June 5-6, 2008**

**Exhibitor Registration Form**

Registration confirmation will be mailed to the address provided on this registration form.  
Please print your name, credentials and organization as you would like them printed on your name badge.

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization (optional) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Payment Method** (please check one):

Check, payable to FCCJ, enclosed for \$ \_\_\_\_\_

Please charge my (circle one): Visa   Discover   MasterCard   American Express

Card Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please mail the completed registration form, with check payable to FCCJ, to:

Nursing Related Programs  
Attn: Patient Safety Conference Registration  
FCCJ North Campus, Room C-215  
4501 Capper Road  
Jacksonville, FL 32218

Registration form and credit card payment can be faxed to 904.713.4859 24 hours a day.