

NursingEd.com
NCLEX® Review Course Registration Form



Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

School of Nursing: _____

Course Type: RN: _____ PN: _____

Face-to-Face: _____ Online: _____

Location (if applicable): _____ Date: _____

Payment (check one): Check: _____ Money Order: _____

Amount: _____ Group Discount Code: _____

Mail Registration Form To:

Nursing Education Consultants, Inc.

P.O. Box 644

Waxahachie, Texas 75168

Please register online if you wish to pay with a credit card.
Contact your group representative or faculty for the group discount.
Call us at 1-800-933-PASS if you need additional assistance.