



PRSA Training Order Form

Program: Key Issues Facing Health Care Communicators Product: WBNR1325/REPLAY

MyPRSA ID: _____

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Email: _____

Phone: _____

Fax: _____

☐ Member Price: \$0.00 ☐ Nonmember Price: \$200.00

Coupon/Promotion Code: _____

Payment Method

☐ Enclosed check, payable to PRSA

Credit Card: ☐ American Express ☐ Master Card ☐ Visa

Card Number: _____

Expiration Date: ____ / ____

Cardholder Name: _____

Signature: _____

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003

If paying by credit card, fax this form to: (212) 460-5460

No event registrations will be processed without proper payment.

Cancellation Policy

Cancellations must be in writing and sent by mail to PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. Cancellations are subject to a \$25 cancellation fee. There are no refunds once you receive your registration confirmation.