

Register by mail or phone:

Hudson Hospital & Clinics
Attn: Philip Hughes, RN
405 Stageline Road
Hudson, WI 54016

Registration Line (715) 531-6561

To Mail Form: Download, print off, fill in, and mail to address listed above. and complete

*Credit card information must be provided with phone and e-mail registration.

REGISTRAR USE ONLY

Fee Total: _____

Payment Method: Check Credit Card

Class Date: _____

Cost Center: #545-552

Registrant Information:

Name

Professional Organization

Job Title

Address

City

State

Zip

Home Phone

Work Phone

E-mail

Class Information:

Name of Class:

1st Choice Date

2nd Choice Date

Payment Information:

Fee(s) Enclosed \$

(Make check(s) payable to Hudson Hospital & Clinics)

Charge to my: VISA MC Discover

Card #

Signature Code (last 3 digits on back of card)

Signature

Exp Date

For more information, please call (715) 531-6561 or e-mail philip.j.hughes@hudsonhospital.org

