

**Hospice
Regulatory
Boot Camp**



I have read and understand the cancellation policy below. INITIALS: _____
 VIRTUAL CANCELLATION POLICY: CANCELLATION WITHIN 7 DAYS IS \$100 FEE.
 SUBSTITUTION OF ANOTHER PERSON FROM YOUR ORGANIZATION FOR SAME EVENT IS NO
 CHARGE. NO SHOWS/NO LOGIN ARE NON-REFUNDABLE. NO ARCHIVE/RECORDING WILL BE
 MADE AVAILABLE. ZOOM REMINDER EMAILS AND WORKBOOK DOWNLOAD SENT 1 WEEK, 1 DAY
 AND 1 HOUR PRIOR TO START. FOR INFORMATION OR QUESTIONS, CALL US AT (866) 969-7124 OR
 EMAIL INFO@WEATHERBEEERESOURCES.COM

Organization Name _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

Organization Name _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

First and Last Name _____ Credentials (if any) _____

Job Title _____

Profession (nurse, physician, pharmacist, psych/social, other) _____

License Number (or n/a) _____ Years Working in Hospice _____

Email _____

Organization Name

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email