



Online International Trip Registration

Complete the information below to register for the April 6-15, 2019 International Trip. Please return this section to Dr. Amy Herrington aherrington@usa.edu

Program: - Please **highlight** your current post-professional program.

- BSN to DNP
- BSN to DNP - Family Nurse Practitioner
- BSN to DNP - Nurse Executive
- BSN to DNP - Nursing Informatics
- Certificate – Post-Graduate Nursing
- Doctor of Education
- Doctor of Occupational Therapy
- Doctor of Physical Therapy
- MHA
- MHS
- MSN - Family Nurse Practitioner
- MSN - Nurse Educator
- MSN - Nurse Executive
- MSN - Nursing Informatics
- MSN to DNP
- Continuing Professional Education
- No current educational affiliation (alumni or guest)

Account Information

First Name:

Last Name:

Do you go by another first or last name? If so, identify.

Student ID (if applicable):

Mobile:

Alternate Phone:

Home address:

USAHS Email Address (if current student):

Email Address (if not affiliated with university or if you are applying to the university):

USAHS students only: Do you require financial aid assistance to attend this trip? Yes No

Student ID _____

May we release your student ID to Custom Europe for invoicing? Yes No