

EXCELL NURSING REVIEW Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email _____

Review Fee: \$590.00 (CA/NV), \$450.00 (Chicago)

REVIEW CLASS SCHEDULES: (Please check one)

- Las Vegas, NV (Feb 19 to 28, 2012)
- Chicago, IL (Mar 4 to 21, 2012)
- So. San Francisco, CA (Mar 23 to Apr 1, 2012)
- Claremont, CA (Apr 3 to 12, 2012)
- Chicago, IL (Apr 15 to May 2, 2012)
- Sunnyvale, CA (May 4 to 13, 2012)
- San Diego, CA (May 15 to 24, 2012)
- Chicago, IL (May 27 to Jun 13, 2012)
- Burbank, CA (Jun 15 to 24, 2012)
- Chicago, IL (Jul 8 to 25, 2012)
- Sunnyvale, CA (Aug 7 to 16, 2012)



HOW TO REGISTER BY MAIL:

1. Complete the registration form.
2. Make Cashier's Check or Money Order payable to:

Excell Professional Services, Inc.

3. Mail the registration form and your payment to:

**Excell Professional Services, Inc.
4N 703 Mountain Ash Dr., Wayne, IL 60184**

WE DO NOT ACCEPT PERSONAL CHECKS.