

Grand Canyon University  
**HEALTH SCIENCES and NURSING DAY**  
FRIDAY, NOVEMBER 6, 2009, 7:00 am – 1:00 pm

**INSTRUCTIONS AND GUIDELINES**

**Teachers and Supervisors:**

- 1 – **PRINT** registration forms for all attending students, chaperones, and teachers, including yourself.

**Each person attending must complete a separate registration form.**

- 2 – **COMPILE** completed registration forms and remit to Grand Canyon University no later than **Friday, October 23, 2009.**
- 3 – **SEND** all teacher/chaperone and student registrations to:

*Health Sciences and Nursing Day 2009*  
Attn: Keith D. Chandler  
Grand Canyon University  
3300 W. Camelback Rd.  
Phoenix, Arizona 85017  
Fax: 602-589-2970

Filling out the attached form signifies your acceptance that you will not hold Grand Canyon University or its employees responsible for any mishaps related to this program or travel to and from the event. You may duplicate this form in its entirety as needed.

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**STUDENT REGISTRATION**

Please legibly **print** all information (in black or blue ink)

Student name \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

School student is currently attending \_\_\_\_\_

Teacher supervising field trip \_\_\_\_\_

Class standing (please circle one):    Freshman    Sophomore    Junior    Senior

Yes! Please tell me more about Grand Canyon University:

College of Nursing & Health Sciences                       Ken Blanchard College of Business  
(e.g., B.S.N., R.N./B., B.S Pre-Med, B.S. Pre-Vet                      (e.g., Administration, Management, Accounting)  
M.S.N., M.B.A./M.S.N.)

College of Education     College of Liberal Arts  
(e.g., Elementary/Secondary, Administration,                      (e.g., Pre-Med/Biology, Communication, Christian  
Special Education)    Studies, History, Political Science, Psychology,  
Physical Education)

All participants under 18 must have a parent or guardian sign this agreement:

Parent/Guardian signature \_\_\_\_\_

Printed name \_\_\_\_\_

Please sign below if 18 or older:

Signature: \_\_\_\_\_

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**TEACHER/CHAPERONE REGISTRATION**

**This information must be filled out by each teacher/chaperone of the group:**

I am a (please circle one) TEACHER CHAPERONE

Teacher/Chaperone name \_\_\_\_\_

Cell phone number (for day-of-event contact) \_\_\_\_\_

Email address \_\_\_\_\_

School \_\_\_\_\_

Group arrival time \_\_\_\_\_

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**Teachers only, please fill out the following:**

How many students will you have in attendance?  
\_\_\_\_\_

How many of your students want to attend an anatomy presentation? \_\_\_\_\_

Presentations will begin at 8:30, and the last will be scheduled at 11:15. Due to time and space limitations not all groups will be able to view a cadaver presentation.

Give three times in which you would like your students to attend the anatomy presentation. Plan for 30 minutes out of your schedule to attend. All times are scheduled in the order in which they are received.

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

Your scheduled time will be emailed with your registration confirmation.