

GEORGIA NURSES ASSOCIATION
3032 Briarcliff Road, NE
Atlanta, Georgia 30329-2655
www.georgianurses.org
CE@georgianurses.org

FEE PAYMENT INFORMATION
INDIVIDUAL APPLICANT

(Please send only 1 copy of this form)

Payment Included:

Check

Visa

Mastercard

_____ **Card Number**

_____ **Expiration Date**

_____ **Card holder's name**

Contact Hours	Fee
0.5 - 9.9	\$100.00
10 - 19.9	\$150.00
20 - 29.9	\$200.00
30 - 39.9	\$250.00
40 +	\$300.00