Creating a Culture of Wellness in Healthcare Settings
May 17-18, 2013
Lied Lodge & Conference Center | Nebraska City, Nebraska

Registration for DHHS Staff

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Business Phone: _____

Employer: _____

Occupation: _____

Business Unit # _____

Program/Division: _____

Please check box ☐ if you want to receive Continuing Education Credit, and if a nurse include: nursing license number_____ and state of licensure _____

For State employees:

DHHS employees must complete the registration form and write the Business Unit # (may also be referred to as an account number) that will be used to pay the registration at the end of this paragraph. All State of NE employees outside of DHHS must supply their Nebraska Information System Address Book # for the program or division that will receive the Interoffice Billing Transaction (IBT) document for payment for the registration. Please write this number, along with the name of the program or division, at the end of this paragraph. If you are unfamiliar with the items described above, please call Mary Lentini at 402-471-0158.