

Lucent NCLEX Review

Registration Form

-----Print, fill out mail or fax to our offices ---- or copy and Paste into a Word Doc -

If you are registering online - cut and paste the info below into "Contact Us" form on the above tab - Fill out completely, and when we have confirmed your payment you will receive confirmation in email.

**Lucent Healthcare Services
2010 Opitz Blvd, Suite B
Woodbridge, VA 22191**

Call 703-445-5360 for any questions

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Personal Email: _____

College: _____ Graduation Date _____

SESSION Wanted _____

How did you hear about the course or who introduced you? _____

Amount Paid _____

Payment method: Check attached _____ Pay Pal _____

Credit Card number: _____ expiration date: _____

Security code: _____ Name on card: _____

Please type or print legibly. Thank you.

After you have registered, go to this website and begin taking practice questions:

LINK: http://davisplus.fadavis.com/ohman/alternate_format_questions.cfm