# Curriculum Order Form

Updated ELNEC CDs may only be purchased by individuals who have completed an ELNEC Train-the-Trainer Course. If it’s been a while since you’ve attended an ELNEC course, order an updated ELNEC course curriculum on CD for the latest references and resources! We recommend updating every three years.

<table>
<thead>
<tr>
<th>CURRICULUM (CD ONLY)</th>
<th>PRICE PER ITEM</th>
<th>QTY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELNEC-Core</td>
<td>$100</td>
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<tr>
<td>ELNEC-Critical Care</td>
<td>$100</td>
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<td>ELNEC-Geriatric</td>
<td>$100</td>
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<td>ELNEC-Pediatric Palliative Care</td>
<td>$100</td>
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<tr>
<td>ELNEC- for Veterans Last updated 2012</td>
<td>$100</td>
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<tr>
<td>ELNEC for Veterans/ Critical Care Last updated 2012</td>
<td>$100</td>
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<tr>
<td>ELNEC Communication Vignettes Used in conjunction with modules (Flash drive only)</td>
<td>$50</td>
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</tbody>
</table>

Have you completed an ELNEC Course?  □ Yes  □ No

If YES, which course?
□ APRN  □ Core  □ Critical Care  □ For Public Hospitals  □ For Veterans  □ For Veterans/Critical Care  □ Geriatrics  □ Graduate  □ Oncology  □ Pediatrics

Date of course attended? ________________
Institution/Sponsor of course? ____________

Name
Shipping Address
City State Zip Code
E-mail Address Phone #
Place of Employment Job Title

**PAYMENT BY CHECK**
Make checks payable to: “City of Hope/ELNEC”  Do not send checks without order form attached.

**CREDIT CARD INFORMATION**
Charges on your credit card statement will appear as “City of Hope (COH)”.

□ Visa  □ MasterCard  □ Discover  □ American Express
Account Number Exp. Date
Name of Cardholder Signature of Cardholder

Please return this order form with your payment to:
Kelly Greer
City of Hope, Nursing Research & Education - ELNEC Project Office
1500 E. Duarte Road, Bldg. 173
Duarte, CA 91010-3000
Fax# (626) 301-8941

For additional questions please contact Kelly Greer at kgreer@coh.org or 626-256-4673, ext. 63459.

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For Office Use Only:

Date Received: _____________________________  Total Amount: _____________________________
Intake: _____________________________  Approval Code: _____________________________