

REGISTRATION FORM PAGE 1

PAGE 1.
NAME: _____

PHONE: _____

1. REGISTRATION INFORMATION

(SPEAKERS, EXHIBITORS & SPONSORS DO NOT USE THIS FORM)

Please PRINT CLEARLY or type. One registration per form. Copy form for multiple registrations.

NAME _____ CREDENTIALS _____
FIRST MIDDLE LAST MUST PROVIDE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ HOME/CELL PHONE (_____) _____

FAX _____ E-MAIL _____

NAME OF CHAPTER (REQUIRED INFO): _____

EMERGENCY CONTACT NAME: _____

PHONE _____

I AM A DIRECT MEMBER (do not belong to a chapter)

NUMBER OF VEGETARIAN MEALS REQUIRED: _____

ARE YOU UNDER AGE 40? YES NO

ARE YOU A NURSE PRACTITIONER? YES NO

2. REGISTRATION FEES (PLEASE CIRCLE THE APPROPRIATE FEES)

MEMBER	EARLY BIRD THRU 3/31/18	PRE-CON 4/1- 6/15/18	ON SITE AFTER 6/15/18	
RN/LPN/LVN	\$425	\$500	\$625	
Student (NON-Licensed)	\$280	\$330	\$455	
Retired	\$350	\$425	\$550	SUB-TOTAL \$ _____

INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket

(1) CEU program, business meeting (MEMBERS ONLY) (1) Passport raffle ticket

I AM A NEW MEMBER

THIS IS MY FIRST NBNA CONFERENCE

NON-MEMBER	EARLY BIRD THRU 3/31/18	PRE-CON 4/1- 6/15/18	ON SITE AFTER 6/15/18	
RN/LPN/LVN	\$600	\$675	\$825	
Student (NON-Licensed)	\$355	\$405	\$555	
Retired	\$425	\$520	\$600	SUB-TOTAL \$ _____

INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program (1) Passport raffle ticket

**▼ THERE ARE
3 WAYS
TO REGISTER:**

1. ON-LINE AT www.NBNA.org
2. MAIL your completed form with payment to:
NBNA / Registration
8630 Fenton Street, Suite 910
Silver Spring, MD 20910
3. By fax 301-589-3223



(Please allow two weeks for check processing)

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PAGE 2.

NAME: _____ **PHONE:** _____

3. INSTITUTE REGISTRATION *(ONLINE REGISTRATION NOT ACCEPTED AFTER JULY 16, 2018)*

To receive the full compliment of Continuing Education Units, you **MUST** attend the institute and/or workshop of your choice **IN ITS ENTIRETY**. Institutes will be held on **FRIDAY, AUGUST 3**. *NOTE: topics subject to change.*

Please choose ONE of the following:

- Heart Health
- Children & Adolescent Health
- Brain Health
- Cancer in the 21st Century, where are we now?
- Women's Issues Across the Lifespan
- Genetic Pharmacology

Additional Events & Workshops:

- EPEC - Education in Palliative and End-of-Life Care
Wednesday **AUGUST 1** / 7:30 am - 5:30 pm
- Presidents' Leadership Institute *(Chapter presidents, vice presidents or designated delegate ONLY)*
Wednesday **AUGUST 1** / 8:00 am - 3:00 pm
- Founders Leadership Institute
Wednesday **AUGUST 1** / 8:00 am - noon
- Professional Writing Workshop
Wednesday **AUGUST 1** / 1:00 pm - 5:00 pm
- Workshop *(to be announced)*
Wednesday **AUGUST 1** / 1:00 pm - 5:00 pm
- Workshop *(to be announced)*
Wednesday **AUGUST 1** / 9:00 am - noon
- Workshop *(to be announced)*
Wednesday **AUGUST 1** / 8:00 am - noon
- Genetics Institute (Project Genetic Education (ProGENE))*
Thursday **AUGUST 2** / 1:00 pm - 5:00 pm
- Breast Cancer Screening Practicum
Saturday **AUGUST 4** / 1:00 pm - 4:00 pm

* Project Genetic Education (ProGENE): An Education Model Between Minority-Serving Academic Institutions and the National Black Nurses Association Designed for Advancing Genetics Among Black Americans

- I WILL ATTEND** the Chapter Development Workshop: Wed., Aug. 1 4:30 - 5:30 pm
- I WILL ATTEND** the Emerging Leaders Forum: Friday, Aug. 3 8:00 am - 12:00 pm
- I am a LPN/LVN** and will attend the LPN/LVN Workshop: Thurs. Aug. 2 2:00 - 4:00 pm
- I WILL ATTEND** the Under Forty Forum: Friday Aug. 3 4:30 - 6:00 pm
- I WILL ATTEND** movie screening on The Life of Henrietta Lacks: Friday Aug. 3 6:00 - 9:30 pm

- I WANT TO VOLUNTEER:** Registration Workshop Monitor Moderator
 Exhibit Hall: __Thurs. Aug. 2 - 1:30 - 4:30 • __Fri., Aug. 3 - 10 am - 4 pm • __Sat. Aug 4: 11 am - 1 pm

- NBNA Summer Youth Enrichment Institute** *(consent forms sent with registration confirmation.)*

Friday **AUGUST 3** / 7:30 am - 4:00 pm

Register my: _____

RELATIONSHIP TO ATTENDEE

CHILD'S NAME

AGE OF CHILD

GENDER

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4. GUEST REGISTRATION*

NON-NURSE ADULTS:

Address: _____

(IF DIFFERENT FROM REGISTRANT'S)

CHILDREN:

_____ (age) _____
_____ (age) _____
_____ (age) _____
_____ (age) _____

OF GUESTS: _____ **X \$275 =** _____ **SUB-TOTAL**

* NON-NURSE GUEST(S) REGISTRATION (ADULTS OR CHILDREN) \$275 EACH.
REGISTRATION INCLUDES: EDUCATIONAL SESSIONS OPEN TO THE PUBLIC, EXHIBIT AREA,
PRESIDENT'S BANQUET, AND SUNDAY BRUNCH.

5. PURCHASE ADDITIONAL BANQUET, BRUNCH OR AWARDS CEREMONY AND LUNCHEON TICKETS

Banquet & Brunch tickets are NOT refundable after **FRIDAY JUNE 29, 2018.**

- | | | | |
|---|---------------|---------------------------------|---------------------------|
| <input type="checkbox"/> AWARDS CEREMONY & LUNCHEON | AUG. 3 | \$75 ea X No. of tickets _____ | SUB-TOTAL \$ _____ |
| <input type="checkbox"/> PRESIDENT'S GALA & BANQUET | AUG. 4 | \$125 ea X No. of tickets _____ | SUB-TOTAL \$ _____ |
| <input type="checkbox"/> BRUNCH & CLOSING SESSION | AUG. 5 | \$85 ea X No. of tickets _____ | SUB-TOTAL \$ _____ |

6. PAYMENT INFORMATION (NBNA ACCEPTS ONLY MASTERCARD AND VISA CREDIT CARDS.)

Check Enclosed Check has been requested/ PO# _____ Money Order MasterCard VISA

AMOUNT ENCLOSED \$ _____ (SUB-TOTALS FROM 2, 4 & 5)

Credit Card # _____ Exp. Date: _____ Sec. Code: _____

Cardholder Name (please type or print): _____

Billing Address _____

Signature _____

(ALLOW 2 WEEKS PROCESSING TIME IF PAYING BY CHECK)

NO REQUEST FOR REFUNDS WILL BE GRANTED AFTER JUNE 15, 2018.