

## REGISTRATION FORM

### ATTENDEE

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

NAME ON BADGE (IF DIFFERENT) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TITLE \_\_\_\_\_

CREDENTIALS \_\_\_\_\_ REGISTERED NURSE? ☐ Y ☐ N

### AGENCY

AGENCY NAME \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY PHONE \_\_\_\_\_

### PAYMENT

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE (MM/YY) \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

### OTHER

SPECIAL NEEDS, DIETARY RESTRICTIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### REGISTRATION FEES

DATE	NON-CUSTOMER	CUSTOMER
By March 31	\$995	\$945
April 1-June 30	\$1,095	\$1,045
After June 30	\$1,195	\$1,145

#### CONFERENCE FEE

*I authorize Selman-Holman to charge my credit card for the conference fee.*

CONFERENCE FEE \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_