

Please select one option:

- Attend in Nashville
- Attend via Live Stream



AUG 16-19, 2020

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	PAST ATTENDEE	GENERAL REGISTRATION
By June 30	\$1,095	\$1,145
July 1–July 27	\$1,145	\$1,195
July 28–Aug 16	\$1,295	\$1,345

CONFERENCE FEE

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

CONFERENCE FEE \$ _____

SIGNATURE _____

DATE _____