

ARN 36th Annual Education Conference

When two or more ARN members from one facility register for the conference, each registrant is eligible for this discounted rate. To qualify, all team members must be registered at the same time using the team member discount registration form. **NOTE: A minimum of two members must be included on this registration form.** Please note that ARN membership is required.

| | |
|---------------------|--------------------|
| For office use only | |
| Cust # _____ | Mtg Ord # 3- _____ |
| Date _____ | |

Team member #1 (required)

| | | |
|--|------|----------------------|
| Complete name | | First name for badge |
| <input type="checkbox"/> Check here if this is your first ARN conference (FTA) | | |
| Facility | | Facility city/state |
| Mailing address | Home | Work |
| City/state/zip | | Country |
| Work phone | Fax | Home phone |
| E-mail (required to receive confirmation of registration) | | |
| In case of emergency during the meeting, contact: | | |
| Daytime phone | | Evening phone |

SPECIAL REQUESTS

- (DIS) I do not wish to have my name and contact information included in the on-site attendee list.
- (SDV) I will need a vegetarian meal
- (SA) I will be using a wheelchair at the conference
- (OTH) I have other needs; please call me
(Information needed to project space accommodations for meeting rooms and other functions.)

Team member #1 registration fee

- Received on or before 8/23/10 (MD) \$435
 - Received on or after 8/24/10 (MD) \$535
 - ARN membership \$115
(Membership is required. Include this amount in the subtotal if you are not already a member)
- Registration Fee Subtotal: \$ _____**

Monday, September 27 - Tuesday, September 28

- (LC) Leadership Course \$195
- Subtotal: \$ _____**

Preconference Sessions - Wednesday, September 29

- (001) New Therapies in Wound Care (8 am - Noon) \$95
 - (002) Bariatric Ergonomics (1 - 5 pm) \$95
 - (003) Transformation from Conflict to Collaboration (1 - 5 pm) \$95
- Preconference Workshop Subtotal: \$ _____**

Session Registration

The following concurrent sessions are included with your registration. Please enter the 3-digit number for each session you plan to attend. (See Schedule of Events for session codes.)

| | | | |
|---------------------------|-----|-------------------------|-----|
| Thursday 10:15 - 11:15 am | 2 0 | Friday 2:15 - 3:15 pm | 5 0 |
| Thursday 3:15 - 4:15 pm | 3 0 | Saturday 1:15 - 2:15 pm | 5 0 |
| Friday 9:30 - 10:30 am | 4 0 | | |

Optional Events

WEDNESDAY, SEPTEMBER 29

(PT) Professional Tour (7:45 am - Noon)
\$26 per ticket, # of tickets: _____ \$ _____

FRIDAY, OCTOBER 1

(RNF) RNF Dinner Symposium (5:15 - 8:15 pm)
\$205 per ticket \$ _____

Optional Event Subtotal: \$ _____

Guest Passes

(GST) \$65 per ticket, # of tickets: _____ **Guest Pass Subtotal: \$ _____**

Guest name: _____

Guest name: _____

(See conference brochure, page 5, for description)

Please accept my tax-deductible contribution to support rehabilitation nursing research.

\$ _____

Team member #1 total fees: \$ _____

Team member #2 (required)

Complete name

First name for badge

Check here if this is your first ARN conference (FTA)

Facility

Facility city/state

Mailing address

Home

Work

City/state/zip

Country

Work phone

Fax

Home phone

E-mail (required to receive confirmation of registration)

In case of emergency during the meeting, contact:

Daytime phone

Evening phone

SPECIAL REQUESTS

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Team member #2 registration fee

Received on or before 8/23/10 (MD) \$435

Received on or after 8/24/10 (MD) \$535

ARN membership \$115

(Membership is required. Include this amount in the subtotal if you are not already a member)

Registration Fee Subtotal: \$ _____

Monday, September 27 - Tuesday, September 28

(LC) Leadership Course \$195

Subtotal: \$ _____

Preconference Sessions - Wednesday, September 29

(001) New Therapies in Wound Care (8 am - Noon)

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| | | |
|---|---|--|
| 2 | 0 | |
|---|---|--|

Friday 2:15 - 3:15 pm

| | | |
|---|---|--|
| 5 | 0 | |
|---|---|--|

Thursday 3:15 - 4:15 pm

| | | |
|---|---|--|
| 3 | 0 | |
|---|---|--|

Saturday 1:15 - 2:15 pm

| | | |
|---|---|--|
| 5 | 0 | |
|---|---|--|

Friday 9:30 - 10:30 am

| | | |
|---|---|--|
| 4 | 0 | |
|---|---|--|

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\$205 per ticket

\$ _____

Optional Event Subtotal: \$ _____

Guest Passes

(GST)

\$65 per ticket, # of tickets: _____

Guest Pass Subtotal: \$ _____

Guest name: _____

Guest name: _____

(See conference brochure, page 5, for description)

Please accept my tax-deductible contribution to support rehabilitation nursing research.

\$ _____

Team member #2 total fees: \$ _____

Team member #3 (optional)

Complete name

First name for badge

Check here if this is your first ARN conference (FTA)

Facility

Facility city/state

Mailing address

Home

Work

City/state/zip

Country

Work phone

Fax

Home phone

E-mail (required to receive confirmation of registration)

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|---|---|--|

Thursday 3:15 - 4:15 pm

| | | |
|---|---|--|
| 3 | 0 | |
|---|---|--|

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| | | |
|---|---|--|
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|---|---|--|

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\$205 per ticket \$ _____

Optional Event Subtotal: \$ _____

Guest Passes

(GST) \$65 per ticket, # of tickets: _____

Guest Pass Subtotal: \$ _____

Guest name: _____

Guest name: _____

(See conference brochure, page 5, for description)

Please accept my tax-deductible contribution to support rehabilitation nursing research.

\$ _____

Team member #3 total fees: \$ _____

Total registration fees: \$ _____

(Total of team members' 1-3 fees)

PAYMENT INFORMATION

Check # _____  MasterCard  VISA  American Express  Discover
(Enclosed)

- Make check payable to ARN in US funds.
- A charge of \$25 will apply to checks returned for insufficient funds.
- If rebilling of a credit card is necessary, a \$25 processing fee will be charged.
- I authorize ARN to charge the credit card(s) listed amounts reasonably deemed by ARN to be accurate and appropriate.

Account number

Expiration date

Signature

Cardholder's name (Please print)

Full payment must accompany this form in order for the registrations to be processed.

2 easy ways to register

Mail

SEND THIS REGISTRATION FORM WITH PAYMENT TO
ARN Conference
PO Box 839
Glenview, IL 60025-0839

Phone

Call ARN at 800/229-7530 or 847/375-4710 (credit card payment only). Sorry, online registration is not available for team member discount registration.

CANCELLATION POLICY
All cancellations must be made in writing. A \$100 processing charge will apply to all cancellations. No refunds will be made on cancellations postmarked after August 30, 2010. All refunds will be processed after the conference.

ARN reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If ARN must cancel, registrants will receive full credits or refunds of their paid registration fees. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

Photography Disclosure: As in past conferences, a professional photography may take photos of participants at ARN 2010 programs and events. These photos are for ARN use only and may appear on the ARN Web site, in printed brochures, or other promotional materials. Attendee registration grants ARN permission and consent to use this photography.