

Advanced Practices Nurses: Caring Cradle to Grave

Thursday, November 10th - Saturday, November 12th, 2011

REGISTRATION FORM

Please print:

| | |
|-----------------|--|
| Name | <input type="checkbox"/> Current APNO member (dues paid by 5/1/11) Sorry, membership in other APN organizations such as MONA, ANA, or AANP does not qualify for this discount. |
| Mailing address | (_____) _____ Daytime phone |
| City | State |
| ZIP code | APNO member ID number (required for APNO rate) |
| E-mail address | |

Please check here if you **do not** authorize release of your demographic information, including mailing and e-mail addresses, in the conference syllabus.

SESSION SELECTION:

To allow adequate accommodations, please review attached conference schedule and check which offerings you are planning to attend:

Thursday, November 10, 2011 - *Optional* Hands-On Workshop (additional \$100 fee)

11:00 a.m. – 2:00 p.m.: Workshop: Comprehensive ENT evaluation (Registration Limited)

Thursday, November 10, 2011 - *Optional* Pre-Conferences (additional \$85 fee per session)

2:00 p.m. – 5:00 p.m.: Pharmacology Update

6:00 p.m. – 9:00 p.m.: Evaluation and Management Coding and Auditing

****Note—participants attending any of the three optional Thursday sessions will receive ONE box meal served from 5:00 – 6:00 p.m.**

Friday, November 11, 2011

Concurrent Session #1 A B C

Concurrent Session #2 A B C

Concurrent Session #3 A B C

I will ____ will not ____ be attending the reception/poster session on Friday night from 5:00-6:00 p.m.

Saturday, November 12, 2011

Concurrent Session #4 A B C

Concurrent Session #5 A B C

CONFERENCE FEES:

| | | | |
|--|--------|--|------------------------------------|
| OPTIONAL WORKSHOP (11 a.m. – 2 p.m.) | \$100 | | ***limited to first 30 registrants |
| OPTIONAL PRE-CONFERENCE 1 (2 p.m. – 5 p.m.) | \$ 85 | | |
| OPTIONAL PRE-CONFERENCE 2 (6 p.m. – 9 p.m.) | \$ 85 | | |
| CONFERENCE – FRIDAY AND SATURDAY | | | |
| <input type="checkbox"/> APNO member (dues must be paid by 5/1/11) | \$ 225 | | |
| <input type="checkbox"/> Non – APNO member | \$ 275 | | |
| <input type="checkbox"/> Student | \$ 150 | | |
| <input type="checkbox"/> Poster Presenter | \$ 150 | | |
| <input type="checkbox"/> Printed Syllabus (MUST BE PREORDERED) | \$ 50 | | |
| <input type="checkbox"/> On site registration | \$ 325 | | |
| <input type="checkbox"/> Guest fee * _____ | \$ 95 | | |

Guest name

TOTAL PARTICIPANT FEES DUE: \$ _____

* Guests may attend all meals and breaks for a fee of \$95.

* Participants who require special accommodations, please contact Nicole Harden at conference@apno.net or 417-818-3179

Return completed registration form and full payment to: APNO P.O. Box 3216, Springfield, MO 65808