

Fourth Annual Evidence Based Nursing Conference Registration

Sigma Theta Tau International Honor Society of Nursing (Sigma), Epsilon Gamma at-Large Chapter
April 4, 2018

Name: _____

Company: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

How did you hear about the EBNP conference? _____

Are you a certified nurse? __yes __no What specialty? _____

I am the following: (Check all that apply)

- Undergraduate Nursing Student MSN Student Doctoral Student Educator
 Staff Nurse Nurse Manager Researcher Certified CNS
 Advanced Practice Nurse Advanced Practice Registered Nurse
 Quality Analyst Physician Retired

Please check all that apply:

- Nursing Professional Registration \$75.00 \$ _____
 Member of Epsilon Gamma at-Large Chapter \$65.00 \$ _____
 Student Registration \$40.00 \$ _____

I require vegetarian meals

I have medical/religious or special dietary needs. Please list: _____

Payment Method:

Check Visa MasterCard American Express Discover

CC#: _____ Security Code: _____ Expiration Date: _____

Name as printed on the card: _____

Cancellations/Refunds: Failure to attend does not constitute notice of cancellation. Cancellation must be in writing. Telephone cancellations will not be accepted. A 15% administrative fee will be assessed on all cancellations (this includes unpaid purchase orders.) There will be no refunds after **Wednesday, March 28, 2018.**

Please return this form with payment to: Office of University Conferences, Wichita State University, 1845 Fairmount, Box 136, Wichita, KS 67260 or fax to 316-978-3064. For questions regarding your registration, please contact the Conference Office at 316-978-6493 or email conference.office@wichita.edu