

REGISTRATION FORM

or register online at wichita.edu/ksn

Name, as it appears on your nursing license _____

Home Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Business E-mail _____

Other E-mail (that will be monitored over the summer) _____

USD # and Name or County Health Dept. _____

Business/Billing Address _____

City, State, Zip _____ County: _____

License Type & Nursing License # (required) _____

Are you a first time attendee? yes no

Are you a KSNO Member? yes no †KSNO Membership # (required for discount) _____

I require vegetarian meals.

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

Do you require any special accommodations? _____

General Conference	Early bird (ends 6/16)	Regular
KSNO Members†	\$260	\$310
Non-members of KSNO	\$310	\$335

Pre & Post Sessions	Regular
New School Nurse Orientation	\$125
CPR Recertification Session 1, Monday, July 17, 3-5p	\$80
CPR Recertification Session 2, Tuesday, July 18, 7-9p	\$80
CPR Recertification Session 3, Thursday, July 20, 1-3p*	\$80
504 Training, Thursday, July 20, 1-3:30p*	\$70
SANE/SART Training, Thursday, July 20, 1-4p*	\$70
*Optional Thursday Boxed Lunch	\$25

TOTAL AMOUNT

\$ _____

Payment method: Check Purchase Order Visa MasterCard AMEX Discover

CC# _____ Exp Date _____ Security Code _____

Name as printed on the card _____

Signature _____

Early registration must be postmarked by June 16