2009 Pediatric Trends

DEFINING A NEW ERA:

A Quest for Nursing Excellence

REGISTRATION FORM

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address (*Needed for Confirmation*): _____

❑ CNMC Staff
❑ Poster Presenters
❑ Non-CNMC
❑ Student $75.00 per day

A. Conference Registration – Early or Group Rate (May 15, 2009)

❑ *2009 Pediatric Trends – Friday, June 5, 2009 (7am - 5pm)* $125
❑ *Pharmacology Update – Saturday, June 6, 2009 (7:30am – 12:45 pm)* $95
❑ *Special Session on Ethics – Saturday, June 6, 2009 (2:00pm – 4:15 pm)*
❑ *Entire Conference* $220
Subtotal A. . . . . . .$_____

B. Conference Registration – Regular (June 1, 2009)

❑ *2009 Pediatric Trends – Friday, June 5, 2009 (7am - 5pm)* $150
❑ *Pharmacology Update – Saturday, June 6, 2009 (7:30am – 12:45 pm)* $125
❑ *Special Session on Ethics – Saturday, June 6, 2009 (2:00pm – 4:15 pm)*
❑ *Entire Conference* $275
Subtotal B. . . . . . .$_____

C. Select Breakout Sessions Day 1 (June 5, 2009)

9:45 am – 10:45 am: ❑A ❑B ❑C ❑D
1:15 pm – 2:15 pm: ❑A ❑B ❑C ❑D
2:30 pm – 3:30 pm: ❑A ❑B ❑C ❑D

D. Advance Purchase CD (Presentation Handouts)

❑ *Friday, June 5, 2009* $10
❑ *Saturday, June 6, 2009* $10
❑ *Both Days June 5-6, 2009* $15
Subtotal D. . . . . . .$_____

FOUR EASY WAYS TO REGISTER:

- **Internet:** Register 24 hours a day online www.childrensnational.org
- **Phone:** 202-476-5560
- **Fax:** 202-476-5935
- **Mail:** Children's National Medical Center
  Nursing Education & Professional Development Dept
  111 Michigan Ave., NW
  Washington, DC 20010

Cancellations and Transfers

Cancellations or transfers must be requested in writing and postmarked or faxed by June 1, 2009. Refunds will be issued after the conference. A $50.00 administrative fee will be assessed for all transfers and cancellations. Tuition transfer requests must be accompanied by a completed registration form of the designated replacement.

Notice to all CNMC Staff:

- Complete registration online at **www.childrensnational.org**
- Select Breakout Session
- PIN number is required to register. Contact next level supervisor.

Registering for the conference is a CNMC employee's decision. The employee is responsible for seeking approval from next level supervisor to attend the conference. Nursing Education and Professional Development reserves the right to close the registration for CNMC Staff once identified slots are filled.

For information, please contact Nursing Education and Professional Development Department at **202-476-5557** or email at **nsdr@cnmc.org.** Deadline for Pre-Registration: **June 1, 2009**.

We reserve the right to close the registration for CNMC staff once identified slots are filled. Should openings occur, we will confirm those individuals with approved Continuing Education Requests in the order of pre-registrations received.

CALCULATE YOUR TOTAL FEES

Subtotal A. _____
Subtotal B. _____
Subtotal D. _____
Total Enclosed: _____

❑ **Send Check** Check #

Make Payable to Children's National Medical Center

❑ **For Credit Card Use** ❑ Master Card ❑ Visa ❑ American Express ❑ Discover

Credit Card # _____
Expiration Date: Month: _____ Year: _____
Name on Card: _____
Signature: _____
Billing Address: _____

Deadline for Registration: JUNE 1, 2009.