

2018 Annual Conference Registration Form

ATTENDEE INFORMATION (please print legibly)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

(please use **personal email** as some work systems block our communications)

Main Phone: _____ Cell Phone: _____ (in case we need to contact you during conference)

WOCN® Member #: _____ (Required for Member Pricing) First time Attendee: Yes No

Unique ID: _____ (Used for evaluations etc...Please enter the first letter of both your first and last name followed by the last four digits of your social security number. In the event of a duplicate ID, you will be contacted with an alternative.)

Emergency Contact

Name: _____ Day Phone: _____ Night Phone: _____

BADGE INFORMATION (Exactly as it should appear)

Badge Name: _____ Credentials: _____

Institution / Company: _____

Select contact information will be shared with exhibitors: Name Email Address Main Phone

See Attendee Brochure for full descriptions and cancellation policy		Member Pricing *		Non Member Pricing	
Check to Select	Registration	Thru 7/12/18	Starting 7/13/18	Thru 7/12/18	Starting 7/13/18
<input type="checkbox"/>	Conference with Pre-Conference #1 #2 Early Bird pricing ends July 12, 2018	\$ 300	\$ 375	\$ 375	\$ 450
<input type="checkbox"/>	Conference Only (no Pre-Conference)	\$ 225	\$ 275	\$ 275	\$ 325
<input type="checkbox"/>	Pre-Conference #1 Only	\$ 75	\$ 100	\$ 100	\$ 125
<input type="checkbox"/>	Pre-Conference #2 Only	\$ 75	\$ 100	\$ 100	\$ 125
*You must be a member of the SOUTHEAST REGION of the WOCN® Society to obtain Member Pricing					
<input type="checkbox"/>	One Day Conference Only Select Day: Thursday Friday Saturday			\$ 125	\$ 150
<input type="checkbox"/>	Two Day Conference Only Select Days: Thursday & Friday Friday & Saturday			\$ 250	\$ 300
<input type="checkbox"/>	Guest Pass for Exhibit Hall (not for exhibitors) Name:				\$ 35

Any special dietary requirements? Please list:

<p>GRAND TOTAL DUE: \$ _____</p> <p><input type="checkbox"/> Check Payable to SER WOCN Society (is enclosed)</p> <p>ADDRESS: SER of the WOCN® Society c/o Bernie Haberer 36181 East Lake Road, Ste. 376 Palm Harbor, FL 34685</p> <p>For information: ph: (727) 238-5140 fax: (727) 269-5760</p>	<p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>Account #: _____</p> <p>Exp. Date: _____ Security Code: _____</p> <p>Cardholder's Name _____</p> <p>Signature: _____</p> <p>Email: registrations@serwocn.org</p> <p>Website: www.serwocn.org</p>
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Cancellation / Refund Policy: All requests for attendee cancellations must be received in writing at the business office by August 15, 2018 and are subject to a \$50 processing fee. No refunds will be approved after August 15, 2018.