



# 2018 NATIONAL CONFERENCE REGISTRATION FORM

PENS Executive Office, P.O. Box 723248, Atlanta, GA 31139

Register Online: [www.pens.org](http://www.pens.org)

Final registration deadline is **April 20, 2018**. If you are registering after April 20, please bring your completed paperwork and payment with you to the conference.

## STEP ONE: Registration Information

First Name	M.I.	Last Name	Credentials <b>(LIST 2 ONLY)</b>
Employer			
<input type="checkbox"/> Home <input type="checkbox"/> Work			
Preferred Address – please indicate home or work			
City	State	Zip	Country
Daytime Telephone Number	Fax		
Email Address			

### SPECIAL NEEDS

I will need assistance: \_\_\_\_\_

I have the following dietary requirements:  Gluten Free Diet  Vegetarian  
 Vegan  Gluten Allergy  Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

This is my first PENS conference.  
 Do not provide my contact information on vendor lists or pre-registration attendee roster.

## STEP TWO: Registration

Meals are included with conference registration.

### A. Pre-Conference Registration - H.A.N.D.S. Workshop

Pre-Conference Workshop registration includes the Wednesday evening Welcome Reception.

Member (NASN or PENS) \$95  
 Non-Member \$135

**Section A Total:** \_\_\_\_\_

### B. Full Conference Registration

	On or before 3/26	Between 3/27 & 4/20	After 4/20 (on-site)
<input type="checkbox"/> Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$560	<input type="checkbox"/> \$700
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$610	<input type="checkbox"/> \$685	<input type="checkbox"/> \$825

**Section B Total:** \_\_\_\_\_

### C. Single Day Registration

Check desired day:

Thursday	<input type="checkbox"/> Member \$310	<input type="checkbox"/> Non-Member \$425
Friday	<input type="checkbox"/> Member \$310	<input type="checkbox"/> Non-Member \$425
Saturday	<input type="checkbox"/> Member \$210	<input type="checkbox"/> Non-Member \$325

**Section C Total:** \_\_\_\_\_

### D. Spouse/Guest Registration

(only includes evening events of Thursday and Friday)

\_\_\_\_\_ Spouse/Guest \$150

Guest Name(s): \_\_\_\_\_

**Section D Total:** \_\_\_\_\_

### E. RSVP!

Please indicate which concurrent sessions you are interested in attending. Your assistance will help us assign each speaker to an appropriately sized room. Please check one session letter for each column.

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C

1. How long have you been an endocrinology nurse / diabetes nurse? (Choose one)

<input type="checkbox"/> 0-5 years	<input type="checkbox"/> 21-25 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 26-30 years
<input type="checkbox"/> 11-15 years	<input type="checkbox"/> 31+ years
<input type="checkbox"/> 16-20 years	

2. Are you planning to attend a committee meeting?

YES  NO

If YES, which committee meeting do you plan to attend? (Choose one)

<input type="checkbox"/> Conference Planning	<input type="checkbox"/> Research
<input type="checkbox"/> Education	

# 2018 NATIONAL CONFERENCE REGISTRATION FORM, continued

## STEP THREE: Total Fees Enclosed

- A. Pre-Conference Registration \$ \_\_\_\_\_  
B. Full Conference Registration \$ \_\_\_\_\_  
C. Single Day Registration \$ \_\_\_\_\_  
D. Spouse/Guest Registration \$ \_\_\_\_\_

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

All fees must be paid in U.S. dollars, with checks drawn in U.S. funds on U.S. banks. Purchase orders are NOT accepted.

- Check (made payable to PENS) PENS Tax ID: 38-2757646  
 Credit Card Payment (All credit card payments must be made online at [www.pens.org](http://www.pens.org))

American Express MasterCard Visa Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Final registration deadline is **April 20, 2018**

Register and pay by credit card online at: [www.PENS.org](http://www.PENS.org)

Or return this form with the **CHECK PAYMENT** to:

By Mail:  
PENS  
P.O. Box 723248  
Atlanta, GA 31139

Contact the PENS Executive Office for further information: 913-222-8657.

## Cancellations & Transfers

Cancellations and transfers must be requested in writing and postmarked, faxed or emailed by April 20, 2018. Refunds will be issued following the conference. A \$50 administrative fee will be assessed. Cancellation requests must include the reason for the cancellation. If you transfer your registration to another person, please include a completed registration form for that person with your written request. Requests for cancellation postmarked, emailed or faxed after April 20 are not refundable.

If you register after April 20, please bring your registration form and payment with you to the conference as it WILL NOT be processed at the PENS Executive Office after that date.

