

# Registration Form PAGE 1 OF 2

## THREE WAYS TO REGISTER

1. Register Online: [www.orthonurse.org](http://www.orthonurse.org)
2. Fax your registration: Complete this form, include your credit card information and fax the form to 905.479.9297
3. Mail your registration: NAON Registration, 8292 Solutions Center, Chicago, IL 60677-8002

Active NAON Member ID # \_\_\_\_\_

Must be an active member with dues paid through 12/31/12 to receive discounted member rates

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

CREDENTIALS \_\_\_\_\_ OFFER CODE \_\_\_\_\_

Doctorates (MD, PhD, EdD)	Associates (AD, ADN, LPN, LVN)
Masters (MSN, MS, MA, FNP)	Certifications (ONC, ONP-C, OCNS-C, C)
Bachelors (BSN, BAN, BS, BA, RN)	Other _____

COMPANY \_\_\_\_\_

PREFERRED MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP OR POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_  HOME  WORK

E-MAIL ADDRESS \_\_\_\_\_

- Is this your first NAON Congress? . . . . .  YES  NO  
 Are you interested in being a monitor? . . . . .  YES  NO  
 Are you interested in being a moderator? . . . . .  YES  NO

If you are interested in monitoring or moderating a specific session, please e-mail NAON at [naon@smithbucklin.com](mailto:naon@smithbucklin.com).

If you have any special needs, please let us know and we will do our best to accommodate you:

Please list any allergies or dietary requirements: \_\_\_\_\_

- Check here if you do not wish to receive information from Congress exhibitors via mail or e-mail.

## SESSION SELECTIONS

Select one educational session per time period. **Seating for concurrent sessions is on a first-come, first-served basis. Pre-selection of sessions during registration does not guarantee seating;** however, it aids in the planning of room assignments to accommodate attendance. Once room capacity is filled, sessions will be closed. Due to fire code regulations, attendees will not be able to sit or stand in the back of the room and chairs cannot be added. **If a session is closed, attendees must select another session where seating is available.**

SATURDAY	SUNDAY	MONDAY	TUESDAY
12:45 pm 107-108	8:45 am 202-207	9:15 am 302-307	2:30 pm 314-319
2:30 pm 109-110	3:15 pm 209-214	12:45 pm 308-313	3:45 pm 320-325

**Registration Cancellation Policy** – Cancellations received on or before March 19, 2012 will receive a full refund minus a \$150 processing fee. No refunds will be issued for requests received after March 19. All cancellation requests must be submitted in writing to [NAON@showcare.com](mailto:NAON@showcare.com).

## CONGRESS REGISTRATION

**Full Congress Registration** (includes all breakout sessions May 20–May 22, Special Interest Group Sessions, Exhibit Hall admission, General Sessions and select social events)

## EARLY REGISTRATION (ON OR BEFORE MARCH 19, 2012)

- Member Registration . . . . . \$505  
 ONC Member Registration . . . . . \$490  
 Nonmember Registration. . . . . \$605

## REGULAR REGISTRATION (AFTER MARCH 19, 2012)

- Member Registration . . . . . \$605  
 ONC Member Registration . . . . . \$590  
 Nonmember Registration. . . . . \$705

## SINGLE-DAY REGISTRATION (PLEASE CHECK ONE)

- Saturday  Sunday  Monday  Tuesday  
 Member Registration . . . . . \$275  
 Nonmember Registration. . . . . \$325

## TWO-DAY REGISTRATION (PLEASE CHECK TWO)

- Saturday  Sunday  Monday  Tuesday  
 Member Registration . . . . . \$440  
 Nonmember Registration. . . . . \$530

**Subtotal A: Registration** \$ \_\_\_\_\_

## PRE-CONGRESS OPTIONAL SESSIONS (PLEASE CHECK ONE)

Saturday, May 19, 2012	Member Fee	Nonmember Fee
<input type="checkbox"/> 101 Orthopaedic Nursing Review Course	\$148	\$173
<input type="checkbox"/> 102 Orthopaedic NP Review Course	\$148	\$173
<input type="checkbox"/> 103 Clinical Practice Workshop	\$100	\$100
<input type="checkbox"/> 104 Education Workshop	\$100	\$100
<input type="checkbox"/> 105 Leadership/Management Workshop	\$50	\$50
<input type="checkbox"/> 106 Research Workshop	\$75	\$75

**Subtotal B: Pre-Congress Optional Sessions** \$ \_\_\_\_\_

## POST-CONGRESS OPTIONAL SESSION

- Tuesday, May 22 Following Closing Session**  
 409 ONCB Item Writers' Workshop No Fee

## OPTIONAL SPECIAL EVENTS AND GUEST REGISTRATION

- |   | Fee                       |
|---|---------------------------|
| <input type="checkbox"/> Guest Fee (includes all General Sessions, Annual Congress Party and Exhibit Hall)  | \$75                      |
| Guest First Name: _____ Last Name: _____  |                           |
| <input type="checkbox"/> Additional Annual Party Ticket – 1 included with full conference registration (non-full conference registration and/or guests) | \$50 (per ticket)         |
| First Name: _____ Last Name: _____  |                           |
| <input type="checkbox"/> Health Walk  | \$25                      |
| <input type="checkbox"/> Sleep in for the Foundation  | \$30                      |
| <input type="checkbox"/> NAON Foundation Electronics Raffle   | \$20 x # of tickets _____ |

**Subtotal C: Optional Special Events and Guest Registration** \$ \_\_\_\_\_

**Total Payment Enclosed (A+B+C)** \$ \_\_\_\_\_

Special discount code: \_\_\_\_\_

## PAYMENT INFORMATION

- Check enclosed (Payable in U.S. Dollars to NAON Registration)  
 Charge my:  Visa  MasterCard  American Express

Total Due: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_

NAON MEMBER ID # \_\_\_\_\_

NAME \_\_\_\_\_

**What is your professional status?**

*(check all that apply)*

- RN
- BSN
- MSN
- APN
- LPN
- LVN
- Student
- Other(s): \_\_\_\_\_

**How many years have you been in the nursing profession?**

*(check one)*

- 1-5
- 6-10
- 11-20
- 21 or more
- Student

**How would you classify your place of employment?**

*(check one)*

- Hospital
- Physician
- Industry/Corporation
- Educational institution/Nursing School
- Government (non-hospital)
- Self-employed
- Nursing Home
- Home Health
- Not Employed
- Other: \_\_\_\_\_

**What is your primary professional position?**

*(check one)*

- Staff Nurse
- Head Nurse/Supervisor
- OR Nurse
- Clinical Specialist
- Instructor/Educator
- Administrator
- RN First Assistant
- Case Manager
- Nurse Practitioner
- Physician
- Assistant – Nurse or Physician
- Therapist – Occupational or Physical
- Technician
- Other: \_\_\_\_\_

**What is your primary area of practice?**

*(check one)*

- Spine
- Neurology
- OR
- Trauma
- Pediatrics
- Gerontology
- Home Care
- Sports Medicine
- Total Joint Replacement
- Advance Practice
- Osteoporosis
- Office Practice
- Other: \_\_\_\_\_

**What role do you have in making buying decisions for your hospital, office or place of employment?**

- Approve purchases
- Share purchase authority
- Sole purchasing authority
- Specify/recommend products
- Other: \_\_\_\_\_

**How much does your hospital, office or place of employment spend on orthopaedic products and services in a year?**

- Under \$50,000
- \$50,001 – 100,000
- \$100,001 – 200,000
- \$200,001 – 500,000
- \$500,001 – 1,000,000
- Over \$1,000,000

**What other professional organizations are you a member of?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Please note:* On occasion, a NAON photographer may take photos of participants at NAON's 2012 Annual Congress, or of people participating in Annual Congress functions and activities. Please be aware that these photos are for NAON use only and may appear in NAON conference programs, catalogs, brochures, newsletters, journals, on the NAON website or in other NAON materials. Your attendance constitutes your permission and consent for this photography.



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