



Boning Up on Patient Education

Thursday, September 18, 2008 7:00pm – 8:00pm Central
1.0 Contact Hour

Please print, type clearly or attach a business card

Full Name: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail*: _____

*Please provide a valid, working e-mail. Your dial-in information and power point files will be e-mailed to you the two days prior to the call.

All registrations must be received by **Friday, September 12, 2008.**

A. REGISTRATION FEES

Member.....\$65 per line

Non-Member.....\$75 per line

B. CONTACT HOUR CERTIFICATES

(2 complimentary certificates per line; mailed to the above address)

1. Full Name: _____

2. Full Name: _____

Number of Additional Certificates (\$15 per person)* # _____ x \$15 = _____

*Please attach a list of name for the additional certificates
All certificates will be mailed to the main address above.

C. PAYMENT

Check enclosed (payable in U.S. Dollars to NAON)

Charge my: Visa

MasterCard

American Express

Total Due: _____

Card Number: _____

Expiration Date: _____

Name (as it appears on card): _____

Signature: _____

Refund Policy: All requests for refunds must be received in writing by Friday, August 29, 2008.
NO refunds will be processed after this date.