

NURSING CARE IN MS: EVIDENCE-BASED PRACTICE

Registration Form

2018 REGIONAL PROGRAMS SCHEDULE

<input type="checkbox"/> September 15, 2018 Chicago Marriott Oak Brook 1401 West 22 nd Street Oak Brook, IL 60523	<input type="checkbox"/> September 29, 2018 Knoxville Marriott 501 East Hill Avenue Knoxville, TN 37915	<input type="checkbox"/> October 27, 2018 Grand Bohemian Hotel Mountain Brook 2655 Lane Park Road Birmingham, AL 35223
<input type="checkbox"/> September 15, 2018 BWI Airport Marriott 1743 West Nursery Road Linthicum, MD 21090	<input type="checkbox"/> October 13, 2018 Las Vegas Marriott 325 Convention Center Drive Las Vegas, NV 89109	<input type="checkbox"/> November 3, 2018 Courtyard Marriott San Antonio Riverwalk 207 N. Saint Mary's Street San Antonio, TX 78205
<input type="checkbox"/> September 22, 2018 Sheraton Portsmouth Harborside Hotel 250 Market Street Portsmouth, NH 03801	<input type="checkbox"/> October 20, 2018 Renaissance Pittsburgh Hotel 107 6 th Street Pittsburgh, PA 15222	

Registrant Information

PLEASE PRINT CLEARLY. *Your name will appear exactly as you indicate. One registrant per form. Please photocopy this form for additional registrants. Please complete all parts.*

First Name:		Last name:	
Credentials: [RN, BSN, Etc.]			
Mailing Address:			
E-mail Address:		Contact Number:	

Credit Card Information

To guarantee your reservation, please provide credit card information below.
Your card will be charged a one-time \$25 fee only if you do not attend and do not cancel at least 96 hours or 4 days in advance.

Credit Card Number:	
Expiration Date:	

Signature

Registrant's Signature

Date

Submit the completed form in one of three easy ways:

- | | | |
|--------------------------|---|---|
| (1) Fax:
862-772-7275 | (2) E-Mail:
leny.ameda@mscare.org | (3) Mail:
IOMSN
Conference Registrar - 2018
3 University Plaza Drive Suite 116
Hackensack, NJ 07601 |
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For questions, please call the IOMSN office at 201-487-1050.