

MS 2017: THE SPECTRUM OF MS NURSING (7.5 CEUs)

REGISTRATION FORM

2017 REGIONAL PROGRAM SCHEDULE

<input type="checkbox"/> September 9, 2017 Hilton Garden Inn 2465 Grant Road Billings, MT 59102	<input type="checkbox"/> September 30, 2017 Marriott St. Louis Grand Hotel 800 Washington Avenue St. Louis, MO 63101	<input type="checkbox"/> October 21, 2017 Fairfield Inn & Suites Jacksonville Butler Boulevard 4888 Lenoir Avenue Jacksonville, FL 32216
<input type="checkbox"/> September 16, 2017 Hotel du Pont 11 th & Market Streets Wilmington, DE 19801	<input type="checkbox"/> October 7, 2017 Courtyard Marriott Jersey City Newport 540 Washington Boulevard Jersey City, NJ 07310	
<input type="checkbox"/> September 23, 2017 Marriott Pyramid North 5151 San Francisco Road NE Albuquerque, NM 87109	<input type="checkbox"/> October 14, 2017 Marriott Kansas City Overland Park 10800 Metcalf Avenue Overland Park, KS 66210	

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: [Street City, STATE ZIP Code]	
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 Signature	Date

Submit the completed form in one of three easy ways:

- (1) Fax: 862-772-7275
- (2) Scan the form and email: leny.almeda@mscare.org
- (3) Mail:
 IOMSN
 Conference Registrar - 2017
 3 University Plaza Drive Suite 116
 Hackensack, NJ 07601

For questions, please call the IOMSN office at 201-487-1050.