

Registration Deadline
September 17, 2010

NYS MR/DD NURSES ASSOCIATION

26th Annual Conference October 3-5, 2010

Registration Form

Name _____

Employer _____

- Home Address
 Work Address

Phone _____

Email _____

NYS MR/DD Nurses Association Zone _____

If zone not known, give county _____

<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP <input type="checkbox"/> Other	
Registration Fees Enclosed:	
<i>Must be member of NYS MR/DD Nurses Assoc. by Aug. 1, 2010 to qualify for member rate. DDNA membership does not qualify.</i>	
FINAL REGISTRATION DEADLINE: Friday, Sept. 17, 2010	
Full Conference Registrations	
<input type="checkbox"/> \$260 Member Early Bird (due 9/3) <input type="checkbox"/> \$300 Member (due 9/17) <input type="checkbox"/> \$310 Nonmember Early Bird (due 9/3) <input type="checkbox"/> \$350 Nonmember (due 9/17)	
One Day Registrations	Day Attending:
<input type="checkbox"/> \$135 Member Early Bird (due 9/3) <input type="checkbox"/> \$155 Member (due 9/17) <input type="checkbox"/> \$160 Nonmember Early Bird (due 9/3) <input type="checkbox"/> \$180 Nonmember (due 9/17)	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday

Conference Meals & Session Selections			
<i>Please select only the meals & sessions you will attend</i>			
Monday	Breakfast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuesday	Breakfast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check box for Vegetarian Meals <input type="checkbox"/>			
<i>Please list your 1st & 2nd choice of concurrent sessions for each time block</i>			
	Options	1st Choice	2nd Choice
Monday	M2-M3		
Monday	M5-M6		
Tuesday	T2-T3		
Tuesday	T5-T6		

No refunds will be given for cancellations after 9-24-10.

Hotel reservations are not included in the conference registration.

You must contact the hotel directly by 9-15-2010 to make your hotel reservation.

Make Checks and Purchase Orders payable to:
NYS MR/DD Nurses Association

For Purchase Orders, the Federal ID # is 22-2570251.

Return to: NYS MR/DD Nurses Association
PO Box 32
Hannawa Falls, NY 13647

315-379-0619 rr@northnet.org

We are sorry but we can not accept telephone registrations or credit cards.