BONENT 2019 Northeast Dialysis Seminar

Sunday, August 25, 2019

FACILITY REGISTRATION FORM

(ONLY for 5+ BONENT Attendees from same facility)

Please Print clearly (all info below is required)

_____ _____ _____

Legal First Name | Last Name | First Name (for your seminar nametag)

_____ _____

Address | Apt. #

_____ _____ _____

City | State | Zip

(_____)_____ _____ (_____)_____-_____

Home Phone | Cell Phone

_____

Email Address ***(Required to send your confirmation)***

Are you BONENT Certified? □ Yes: ID#_____ □ No

(Your Annual Certification Fee must be paid up-to-date to receive the BONENT member discount below.)

□ Check for Vegetarian Lunch

Which of the 2 sessions will you attend? □ Technician/Nurse; □ Bio-Med Tech

To Qualify for the Facility Discount:

You MUST Register altogether with this form received by August 9th, 2019.

Send items below **altogether in one envelope** by mail or overnight courier, including:

- Letter from facility manager confirming employment of attendee list
- Facility Registration Form (for each attendee)
- One payment for all, or individual payments accepted.
- No refunds after submission.

Discount is not available online

Registration Fee *Includes Lunch*

	Registration Fee ONLY if Received by 8/9/19	TOTAL
BONENT Certified *Annual Certification Fees must be paid up-to-date for this rate less the discount*	$119.	
Other *Non Members & Members with unpaid dues balance*	$139.	
Less Facility Discount: **5-9 Attendees** **10-14 Attendees** **15+ Attendees**	……($ 5 ea.) …… ($ 8 ea.) …… ($10 ea.)	
TOTAL	----	$

CONFIRMATION

After your registration is processed, you will receive an email confirmation to admit you into the seminar.

If you do NOT receive it by Aug 19th, call 202-462-1252, ext 112 or 115.

YOU MUST BRING YOUR CONFIRMATION TO THE SEMINAR.

PAYMENT

1. **No Payments by Phone or Fax.** 2. **Keep a copy for your records.**

CHECK or Money Order

Please mail your check or money order (payable to BONENT) with this form to: →→ BONENT, 100 South Washington St, Rockville, MD 20850

IMPORTANT (Payments by Hospital or Facility): If your registration fees are to be paid by your employer, be sure to tell them it must be **received no later than 8/9/19.**

CREDIT CARD

MAIL to BONENT address above.

Credit Card Information: □ AMEX □ MasterCard □ VISA

Please print clearly

Card Number_____

Expiration Date (Month/Year) _____/_____ Security Code _____

Cardholder's Name on Card_____

Cardholder's Signature_____