

BONENT 2019 Mid-West Regional Seminar

Sunday, June 9th, 2019

REGISTRATION FORM



To Register:

1. Go Online to www.BONENT.org (My Info section) for BONENT certified members only.
2. **OR** fill in this form below.

Please Print clearly (all info below is required)

Legal First Name _____ Last Name _____ Nametag First Name (for your seminar nametag) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____ - _____
Home Phone _____ Cell Phone _____

Vegetarian Lunch

Email Address (Required to send your confirmation) _____

Are you BONENT Certified? No Yes: ID# _____

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

Which of the 2 sessions will you attend? Technician/Nurse; Bio-Medical Technician

Registration Fee Includes Lunch

	Early Bird Received by 5/3/19	Regular Received 5/4/19 – 6/3/19	Onsite	TOTAL
BONENT Certified Annual Certification Fees are paid up-to-date	\$119.	\$129.	\$139.	
Other	\$139.	\$149.	\$159.	

Refund Policy: A \$50 cancellation fee applies for cancellations received by fax or mail on or before 5/10/19.
No refunds after 5/10/19.

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 May 31st call 202-462-1252, ext 112 or 115.

YOU MUST BRING

YOUR CONFIRMATION

TO THE SEMINAR.

PAYMENT

1. No Payments by Phone.
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 Regular registration fees are to be paid by your employer, be sure to tell them it must be **received no later than 6/3/19.**

CREDIT CARD

Quickest Option →→ **FAX** this form with credit card payments to 202-463-1257.
Or: **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 _____

