

BONENT 2020 MidWest Regional Seminar

Sunday, June 7th, 2020

REGISTRATION FORM



To Register:

1. Go Online to www.BONENT.org (My Account 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 _____

Check for 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.)

Check one: Technician; Bio-Medical Technician Nurse;

Registration Fee Includes Lunch

	Early Bird Received by 4/30/20	Regular Received 5/1/20 -6/1/20	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 5/15/20.
No refunds after 5/15/20.

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 28**, call 202-462-1252, ext 1 or 2.

**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 5/28/20**.

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 _____

