BONENT 2019 Northeast Regional Seminar

Sunday, August 25th, 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 7/19/19	Regular Received 7/20/19 –8/21/19	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 7/24/19. No refunds after 7/24/19.

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 Aug 19th 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 8/21/19.**

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_____