

# BONENT 2024 Northeast Seminar

Sunday, August 25<sup>th</sup>, 2024

## REGISTRATION FORM



### To Register:

1. Go Online to [www.BONENT.org](http://www.BONENT.org) (My Account section) for BONENT/NNCO members only.
2. OR complete this form.

*Please Print clearly (ALL info below is required)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  Vegetarian Lunch

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

Are you BONENT/NNCO certified?  No;  Yes: ID# \_\_\_\_\_

Check one:  Technician;  Bio-Medical Technician;  Water Specialist;  Nurse

### Registration Fees

|   | Early Bird<br>Received by<br>7/10/24 | Regular<br>Received<br>7/11/24 -8/14/24 | Late<br>&<br>Onsite | Enter<br>TOTAL |
|---|--------------------------------------|---|---------------------|----------------|
| <u>BONENT</u> : Annual Fees are paid up-to-date<br><u>NNCO</u> : Active certification | \$135                                | \$145                                   | \$155               |                |
| <b>Other</b>  | \$145                                | \$155                                   | \$165               |                |

**Refund Policy:** A \$50 cancellation fee applies for cancellations received by fax or mail on or before 7/28/23. No refunds after 7/28/23.

### 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 registration fees are to be paid by your employer, be sure to tell them it must be received by the deadlines as noted above.

**CREDIT  
CARD**

*Quickest Option* →→→ **FAX** this form with credit card payments to 202-463-1257.  
**Or: MAIL** to BONENT address above.

*Please print clearly*

**Credit Card Information:**  AMEX  MasterCard  VISA  
Card Number \_\_\_\_\_  
Expiration Date (Month/Year) \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_  
Cardholder's Name on Card \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_

**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. 19<sup>th</sup>, call 202 462 1252, ext 1 or 2.*

**YOU MUST BRING  
YOUR CONFIRMATION  
TO THE SEMINAR.**

**CE CERTIFICATE**  
Only registered attendees who attend, will receive a CE Certificate by email after the seminar.

