



2010 WOCN/WCET Joint Conference Registration Form

June 12 - 16, 2010 Phoenix, Arizona



Keep a copy of this registration form for your records. Please type or print. Use a separate form for each registrant; duplicate as necessary.

First Name: _____
(As you would like it to appear on your badge)

Last Name: _____

Credentials: _____
(Name and credentials are limited to 30 characters)

Position/Title: _____

Company Name: _____

Street Address: _____

City/State/Zip: _____

Country: _____

E-mail: _____

Daytime Phone: (____) _____ Mobile: (____) _____

It is important that we obtain your e-mail address and cell phone number. Your email address will be used to confirm your registration and update you on conference changes.

Unique ID

For attendees in the US please enter the first letter of both your first and last name followed by the last four digits of your social security number. For those attendees without a social security number, please enter the first letter of both your first and last name followed by your country or regional telephone area code.

This ID will be used for the current conference registration and future conference registrations.

In case of an emergency during the conference, please contact:

Name: _____

Phone: (____) _____

Volunteering:

Please check if you are interested in volunteering as a Conference Room Monitor.

For Students (Full-time Students):

Your Faculty Advisor's Name: _____

Advisor's E-mail: _____

Primary Language Spoken: _____

Special Dietary Needs (if any):

Vegetarian Kosher

Other: _____

Check here if you do NOT wish to have your information shared with exhibiting companies.

Demographics

Please indicate your certification(s) (check all that apply):

- CWOCN CWCN CFCN
- CWOCN – AP CWS CCCN
- COCN CWON Not Certified
- Other (please specify) _____

Which best describes your primary practice setting (check all that apply):

- Acute care Home Health System
- Hospital Nursing Home/Extended Care
- Outpatient Care University/Staff Educator
- Education Private Practice
- Industry Other (please specify) _____

What is your **PRIMARY** area of practice:

- Wound Ostomy Continence Foot & Nail
- Other (please specify) _____

Patient Population (check all that apply):

- Pediatrics Adults Geriatrics

1. WOCN MEMBERSHIP

Join or renew today and register at the member rates! See the WOCN website for membership benefits.

New Member

<input type="checkbox"/> Active (Must be RN)	\$125
<input type="checkbox"/> Associate (Open to non RN professionals)	\$105
<input type="checkbox"/> Student*	\$65
<input type="checkbox"/> Retired-Active	\$65
<input type="checkbox"/> Retired-Association	\$65

Renewal

<input type="checkbox"/> Active (Must be RN)	\$125
<input type="checkbox"/> Associate (Open to non RN professionals)	\$105
<input type="checkbox"/> Student*	\$65
<input type="checkbox"/> Retired-Active	\$65
<input type="checkbox"/> Retired-Association	\$65

International membership is available, please visit www.wocn.org for details.

WCET MEMBERSHIP

If you are interested in joining WCET, please visit www.wcetn.org for details or contact Dianne Garde – 905-848-9400 or wcet@on.aibn.com.

2. WOCN/WCET JOINT CONFERENCE REGISTRATION

Full Conference Registration – June 13-16, 2010
(Sunday through Wednesday)

Type	Early Bird	After April 23, 2010 and On-site*
<input type="checkbox"/> WOCN Member	\$400	\$460
<input type="checkbox"/> WCET Member	\$400	\$460
<input type="checkbox"/> Non-member	\$475	\$535
<input type="checkbox"/> Student*	\$250	\$310

* Full-time students who are studying to become registered nurses can take advantage of the student fees. Students must show proof of student status (e.g., copy of student ID, letter from faculty advisor, or copy of current enrollment) with registration.



3. ONE-DAY ONLY REGISTRATION

Check the day you will attend. Includes lectures, business meetings, and exhibits only on the day of your choice.

Type	Early Bird	After April 23, 2010 and On-site
<input type="checkbox"/> WOCN Member (per day)	\$180	\$220
<input type="checkbox"/> WCET Member (per day)	\$180	\$220
<input type="checkbox"/> Non-member (per day)	\$200	\$240
<input type="checkbox"/> Student* (per day)	\$120	\$160

Sunday, June 13 Monday, June 14
 Tuesday, June 15 Wednesday, June 16

4. ACCOMPANYING PERSON • \$125.00

First Name: _____ Last Name: _____
Guest registration includes entrance to the exhibit hall, exhibit hall opening reception, exhibit hall boxed lunch, and coffee breaks.

5. JOINT CONFERENCE SOCIAL EVENT

Tickets may be purchased for the Joint Conference Social Event which will take place Monday, June 14, from 7:00pm – 11:00pm at the Sheraton Phoenix. _____ (# of tickets) x \$25 = \$_____

6. PRE-CONFERENCE REGISTRATION • Saturday, June 12, 2010

	Early Bird Member/ Non-member Rate	After April 23, 2010 and On-Site Member/ Non-member Rate
8:30 am – 4:00 pm (001) Certification Review Workshop	\$210/\$235	\$250/\$275
8:30 am – 4:00 pm (002) Building Your Practice: Business 101	\$190/\$215	\$230/\$255
8:00 am – 4:30 pm (003) Advanced Practice Pharmacology Workshop	\$210/\$235	\$250/\$275
10:00 am – 3:00 pm (004) WOCN Certification Board Session	\$50/\$50	\$50/\$50
12:00 pm – 4:00 pm (005) Fistula Management Workshop	\$150/\$175	\$190/\$215
12:00 pm – 4:00 pm (006) Diabetes Limb Salvage Workshop	\$150/\$175	\$190/\$215
12:00 pm – 4:00 pm (007) Containment Devices: State of the Science	\$150/\$175	\$190/\$215
12:00 pm – 4:00 pm (008) Debridement A-Z Workshop	\$150/\$175	\$190/\$215

WOC Nurse Networking Opportunities (part of conference registration)

I plan to attend the following session on Saturday, June 12, 2010 from 4:00 pm to 5:30 pm (check one):

	First Choice	Second Choice
(320) Advanced Practice	_____	_____
(321) Geriatrics/LTC	_____	_____
(322) Home Care	_____	_____
(323) Pediatric Settings	_____	_____
(324) Private Practice	_____	_____
(325) Professional Growth Program	_____	_____
(326) VA Nurses	_____	_____
(327) WOC Nurses in Industry	_____	_____
(328) Outpatient Clinic	_____	_____
(329) Bariatric Care	_____	_____
(330) Military	_____	_____

Special Needs

Please check here if you require special attention to fully participate. The 2010 WOCN/WCET Joint Conference fully complies with the legal requirements of the Americans With Disabilities Act rules and regulations. Indicate requirement: _____

Concurrent Sessions (part of conference registration)

Enter the 3-digit code for each concurrent session that you plan to attend. For session codes see Preliminary Schedule of Events. See page 6 of the registration brochure for the list of sessions.

	First Choice	Second Choice
Sunday, June 13		
3:15 pm - 4:15 pm	_____	_____
4:30 pm - 5:30 pm	_____	_____
Monday, June 14		
10:30 am - 11:30 am	_____	_____
3:45 pm - 4:45 pm	_____	_____
5:00 pm - 6:00 pm	_____	_____
Tuesday, June 15		
9:00 am - 10:00 am	_____	_____
10:15 am - 11:15 am	_____	_____
3:30 pm - 4:30 pm	_____	_____
4:45 pm - 5:45 pm	_____	_____
Wednesday, June 16		
8:00 am - 9:00 am	_____	_____
9:15 am - 10:15 am	_____	_____

Conference Symposia

Information on the conference symposia will be available on March 15, 2010. You will be sent an email to sign back into your account to "update" your registration. The symposia are scheduled for the following dates and times. See page 20 of the registration brochure for more information.

Sunday, June 13	7:00 am – 8:15 am
Sunday, June 13	11:45 am – 1:00 pm
Monday, June 14	6:30 am – 7:45 am
Tuesday, June 15	6:30 pm – 7:45 pm

Conference Registration Payment

WOCN Membership	\$ _____
Joint Conference Registration	\$ _____
One-Day Only Registration	\$ _____
Accompanying Person	\$ _____
Joint Social Event	\$ _____
Pre-Conference Registration	\$ _____

Grand Total \$ _____

Check enclosed made payable to: WOCN

Checks must be drawn on a U.S. Bank in U.S. funds. A \$20 charge will apply to checks returned for insufficient funds.

Wire Transfer

All wire transfers need to include an additional \$25 USD for bank fees.

See page 21 of the registration brochure for wire transfer instructions

Credit Card

MasterCard Visa American Express

Account Number: _____

Expiration Date: _____

Signature: _____

Cardholder's Name: _____

(Please print)

Questions: Please call 888-224-WOCN

Mail to: 2010 WOCN/WCET Joint Conference Registration Center
c/o Convention Data Services
107 Waterhouse Road
Bourne, MA 02532-3890

Fax: 508-759-4552

Online: www.wocn.org

WOCN Federal ID #25-125-1887