



# 2021 HCEA Conference

September 22-24, 2021

## Agility: Rapid Changes in Patient Education

### Registration Form

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Use my:  Home Address  Work Address

Address: \_\_\_\_\_

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

Country if other than USA: \_\_\_\_\_

Email (to send confirmation): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Current Member  New Member  Non-Member  
 Speaker  Poster Presenter

#### ATTENDEE DIRECTORY

All attendees and exhibitors will have access to this directory (your name, credentials, organization, and email address).

Yes, please add my information to the Attendee Directory  
 No, please do NOT add my information to the Attendee Directory

#### REGISTER ME TODAY!

#### REGISTRATION FEES

HCEA Member \$99  
 Non-Member \$99  
 Undergraduate Student\* FREE

\*Need to send in a copy of student ID.

TOTAL PAYMENT: \_\_\_\_\_

#### CONTINUING NURSING EDUCATION INFORMATION

Yes, I would like to receive CNE contact hours  
 No, I do not wish to receive CNE contact hours

State of Licensure: \_\_\_\_\_

RN License Number: \_\_\_\_\_

**CNE Statement:** This program is approved by the Kentucky Board of Nursing for **16.2** continuing education contact hours. **Provider offering number 4-0013-12-20-031. Expires December 31, 2020.** To receive continuing education credit, participants must provide professional license number, attend the entire program and complete an evaluation.

#### CHES CREDIT INFORMATION

Yes, I would like to receive CHES credit  
 No, I do not wish to receive CHES credit

CHES Member ID: \_\_\_\_\_

#### PAYMENT INFORMATION

HCEA's Federal Tax ID #: 23-2956629

Check enclosed (Made payable to HCEA)  
 Charge my credit card -  Visa  MasterCard

Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

#### CANCELLATIONS

Phone cancellations must be confirmed in writing within 7 days. Cancellations received before September 8, 2021 will be assessed with a \$50 processing fee. No refunds will be given after September 8.

#### TAX DEDUCTIBLE EXPENSE

Expenses of training incurred to improve or maintain skills in your profession may be tax deductible. Consult your tax advisor.

TAX ID #: 23-2956629

#### Register Online Now

REGISTER ONLINE: [www.hcea-info.org](http://www.hcea-info.org)

For more information, contact the HCEA office at 608-441-1054 or via email at [HCEAadmin@hcea-info.org](mailto:HCEAadmin@hcea-info.org)

Mail or fax registration to:

**Health Care Education Association**

2424 American Lane, Madison WI 53704-3102

Fax: 608-443-2474