

MAKING THE CONNECTION: Patient Education Improves Quality and Outcomes

September 27-29, 2023

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

REGISTRATION FEES

	On or Before August 15	After August 15
<input type="checkbox"/> HCEA Member	\$99	\$120
<input type="checkbox"/> HCEA Non-Member	\$125	\$140
<input type="checkbox"/> Undergraduate Student	\$0	\$0
<input type="checkbox"/> One Day (Member or Non-Member)	\$50	\$60

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 applying to the Kentucky Board of Nursing for continuing education contact hours. 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 followed up with a written request within 7 days after the phone call. Cancellations received before **September 6, 2023** will be assessed with a \$50 processing fee. No refunds will be given after **September 6**.

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: hcea-info.org

For more information, contact the HCEA office at 608-441-1054 or via email at HCEAadmin@hcea-info.org

Mail or fax registration to:

Health Care Education Association

2424 American Lane, Madison WI 53704-3102

Fax: 608-333-0310