

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

REGISTER ME TODAY!

EARLY REGISTRATION FEE
(by August 31, 2019)

HCEA Member \$395
 Non-Member* \$490

*See below

REGULAR REGISTRATION FEE
(after September 1, 2019)

HCEA Member \$450
 Non-Member* \$545

ATTENTION NON-MEMBERS!

YES! I want to become a member of HCEA for an additional \$25.
(Add to Full Non-Member Registration Rate. New members only.)

TAKE A TOUR!

Trip to Monroe Carell Jr. Children's Hospital at Vanderbilt \$25
Wednesday, October 23, 2019—8:00 a.m.-11:00 a.m.

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.

The first 100 registrants will receive a free copy of Laura Cooley's book, "Commination Rx: Transforming Health Care through Relationship-Centered Communication".



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 October 16, 2019 will be assessed with a \$100 processing fee. No refunds will be given after October 16.

TAX DEDUCTIBLE EXPENSE

Expenses of training: tuition, travel, lodging and meals incurred to improve or maintain skills in your profession may be tax deductible. Consult your tax advisor.
TAX ID #: 23-2956629

Register Now and Save!

Take advantage of our special rate for early registration.
REGISTER ONLINE: www.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: 608-443-2474