

**Registration Form
Region III Educational Conference May 5-7, 2010**

Name: _____ RN License #: _____
 Employer: _____ ARN Member #: _____
 Title: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Email: _____

Please Print Clearly

Certifications needed: CDMS# _____ CCM# _____ (Circle all that apply)

Fee:	By April 5th	After April 5th	
2 Days ARN Member:	\$195.00	\$225.00	\$ _____
2 Days Non-ARN Member:	\$250.00	\$275.00	\$ _____
1 Day ARN Member:	\$115.00	\$125.00	\$ _____
1 Day Non-ARN member:	\$150.00	\$150.00	\$ _____

Make Check Payable to: FSARN (credit cards not accepted) **Total Amount Enclosed:** \$ _____ (No faxed registrations accepted)

Please designate your Professional Focus: Administrative/Management Admissions Liaison Advanced Practice Case
 Management/Insurance/Consulting Educators Home Health Care Pain Pediatrics Research Staff Nurse
 Subacute

If signing up for only one day: Please circle the day you will be attending THUR FRI (Circle One)
If planning on attending the Wednesday Evening Seminar YES NO (Circle Choice)
 (We need to know attendance and interest and materials to provide)

Mail this completed registration form with check or money order (credit cards not accepted) to:

FSARN
 c/o Coleen Bronson
 506 NW 26th. Place
 Cape Coral, FL 33993

**Early Registration Discount Deadline:
 POSTMARKED BY April 5, 2010**

**Lunch & Materials not guaranteed with walk-in registration
 No Refunds After 4/26/2010**