

PLEASE REGISTER ONLINE FOR FASTER SERVICE! Here are the benefits of registering online:

1. You are immediately registered for the classes you want. Registration by mail or fax is delayed up to 7 days for processing by OAAPN staff once your form is received. Errors or missing information on paper forms will delay your registration even longer. All paper forms must be received in the OAAPN office by October 9.

2. **SAVE MONEY:** \$10 off each event

Questions? Email info@oaapn.org
** No walk-in registrations accepted

To register online, please go to :
www.oaapn.org/statewide-conference.

YOU DO NOT NEED TO LOG IN TO REGISTER FOR CONFERENCE!



OAAPN

Ohio Association of Advanced Practice Nurses

27th Annual Conference Registration Form

Hyatt Regency Downtown, Columbus, OH | October 19-21, 2017

Check all that apply: CNP CNS CNM CRNA Student DNP

First Name _____ Last Name _____

We cannot process your registration without an email address!

Email _____

Employer _____

Street Address _____

City _____ State _____ Zip _____

Best Phone Number to Reach You _____

Pre-Conference Workshops | Thursday, October 19

I will attend the **MORNING** session

You MUST choose ONE session below to complete your registration

____ 1a) Basic Suturing (*limit 45*) \$135

____ 1b) Injections (*limit 40*) \$110

____ 1c) Infectious Diseases \$110

____ 1d) Beginning 12-Lead ECG \$110

YES, I will attend the Luncheon sponsored by Novo Nordisk
(No charge, pre-registration required)

I will attend the **AFTERNOON** session

You MUST choose ONE session below to complete your registration

____ 2a) Minor Office Procedures (*limit 50*) \$135

____ 2b) Basic Suturing (*limit 45*) \$135

____ 2c) Ortho Assessment \$110

____ 2d) Reimbursement & Coding \$110

PAC Donation

Please note: This donation requires a separate check made payable to OAAPN PAC or separate credit card transaction.

Check Enclosed Apply to credit card used for registration

Donation Amount \$ _____

Thank You!

Member Discount: Annual membership must be paid.

Cancellations: All cancellations must be received in writing prior to Oct 5 and will be charged a \$15 administrative fee.

Conference Registration Options

- | | |
|---|---|
| <input type="checkbox"/> I will attend the FULL CONFERENCE | Member \$385 <input type="checkbox"/> |
| | Non-member \$460 <input type="checkbox"/> |
| | Student member \$205 <input type="checkbox"/> |
| <input type="checkbox"/> I will only attend the Thursday Reception (\$30) | <input type="checkbox"/> |
| <input type="checkbox"/> I will attend FRIDAY ONLY | Member \$250 <input type="checkbox"/> |
| | Non-member \$310 <input type="checkbox"/> |
| | Student member \$130 <input type="checkbox"/> |

We CANNOT process your registration unless you check which Friday Afternoon sessions you wish to attend below!

ALL SELECTIONS ARE FINAL!

1:00 pm - 2:30 pm: Please choose ONE of the following:

____ 3a) Using Your Strengths to Become Engaged at Work

____ 3b) Antidepressant and Anxiolytic Overview

____ 3c) Sports Injuries and Concussions in Young Athletes

____ 3d) Hepatitis A, B, C: What You Need to Know

2:45 pm - 4:15 pm: Please choose ONE of the following:

____ 4a) Chronic Pain Management for APRNs

____ 4b) APRN Practice & the Law (Category A)

____ 4c) Breast Cancer: It's More Than Just Pink Ribbons

____ 4d) Introduction to Aromatherapy for Clinical Practice

4:30 pm - 6:00 pm: Please choose ONE of the following:

____ 5a) Men's Health

____ 5b) Hypercortisolism

____ 5c) Intracerebral Hemorrhage (ICH): Updates in Management

____ 5d) Contraception Update

- | | |
|---|--|
| <input type="checkbox"/> I will attend SATURDAY ONLY | Member \$160 <input type="checkbox"/> |
| | Non-member \$185 <input type="checkbox"/> |
| | Student member \$85 <input type="checkbox"/> |

Payment Information

Registration Total \$ _____

____ Check enclosed (made payable to: **OAAPN**)

____ Credit Card

Card Number _____ Exp. Date _____

Name as it appears on Card _____ CVV Code _____

Return this form with payment to: OAAPN Conference, 17 S. High St, Suite 200, Columbus, OH 43215
or fax to: 614-221-1989 | Form must be **received** by October 9.