



FREE FROM HARM

19th Annual NPSF Patient Safety Congress

MAY 17-19, 2017
Renaissance SeaWorld
Orlando, Florida

npsf.org/congress

National Patient Safety Foundation

Registration Form

Please print clearly and complete all sections on pages 1 and 2.

Registrant Information

FIRST NAME _____

LAST NAME _____ SUFFIX(ES)/CREDENTIALS _____

FIRST NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE _____

JOB TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

Registration Options

	Through Mar 31, 2017	After Mar 31, 2017
<input type="checkbox"/> Congress: May 18 and May 19.....	\$1,050	\$1,250
<input type="checkbox"/> Congress One Day: Thursday, May 18	\$700	\$700
<input type="checkbox"/> Congress One Day: Friday, May 19.....	\$700	\$700
<input type="checkbox"/> Exhibit Hall Only	\$350	

Immersion Workshops

Full-day, Wednesday, May 17. Register for ONE.

<input type="checkbox"/> Certified Professional in Patient Safety (CPPS) Review Course	\$350	\$450
<input type="checkbox"/> Leadership Day: Business Case for Patient Safety.....	\$350	\$450
<input type="checkbox"/> Building a Culture of Respect.....	\$350	\$450
<input type="checkbox"/> Human Factors Engineering and Systems Safety.....	\$350	\$450

Donation* – As a not-for-profit organization, the National Patient Safety Foundation is especially grateful to generous donors who give to support our programs, research and outreach. Your donation will help fund important work that keeps NPSF vital for the future. Thank you.

Donation amount \$ _____

Amount Total \$ _____

* The National Patient Safety Foundation is a 501(c)(3) organization. Your donation is tax deductible to the fullest extent allowed by law.

Save with Early Bird registration. Registrations must be received or postmarked by **March 31, 2017**.

Payment must be included at the time of registration. Your registration will not be considered confirmed until full payment has been received.

Discounted registration fees are available for NPSF members, Congress faculty, and students through online registration at npsf.org/congress.

Other Information

Special Needs (e.g., ADA, Dietary, Allergies)

Yes _____

What kind of Continuing Education Credits do you require? (check all that apply)

- | | | |
|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> ACHE II | <input type="checkbox"/> CPE | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CE | <input type="checkbox"/> CPHQ CE | <input type="checkbox"/> None |
| <input type="checkbox"/> CME | <input type="checkbox"/> CPHRM | |
| <input type="checkbox"/> CNE | <input type="checkbox"/> CPPS | |

Role/Title (select up to 3)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Educator | <input type="checkbox"/> Quality Director/Manager |
| <input type="checkbox"/> Chief Executive Officer/President | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Marketing | <input type="checkbox"/> Risk Director/Manager |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Student |
| <input type="checkbox"/> Chief Nursing Officer | <input type="checkbox"/> Patient Safety Officer | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chief Quality/Risk Officer | <input type="checkbox"/> Physician | |

Organization Type (select up to 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Insurance Firm | <input type="checkbox"/> Patient Safety Organization (PSO) |
| <input type="checkbox"/> Ambulatory/Outpatient Facility | <input type="checkbox"/> Medical Group Practice | <input type="checkbox"/> Quality Improvement Organization (QIO) |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Military | <input type="checkbox"/> Research |
| <input type="checkbox"/> Government Agency (State or Federal) | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Vendor/Consultant |
| <input type="checkbox"/> Health System | <input type="checkbox"/> Patient/Family Group | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Professional Association/Foundation | |
| | <input type="checkbox"/> Physician Office Practice | |

Approximate size of your organization

- | | |
|--|--|
| <input type="checkbox"/> 1-100 full time employees | <input type="checkbox"/> 501-1,000 |
| <input type="checkbox"/> 101-250 | <input type="checkbox"/> 1,001-5,000 |
| <input type="checkbox"/> 251-500 | <input type="checkbox"/> More than 5,000 |

Please continue on page 2 →

Register Today!

Mail:
National Patient Safety Foundation
c/o PPI
317 Tiffany Court
Gibsonia, PA 15044

Email: nburnside@npsf.org
Fax: 866.501.4037

Questions? Contact:
Natalie Burnside
412.287.5108
nburnside@npsf.org

Other Information (continued)

Your primary reason(s) for attending Congress (select up to 3)

- | | | |
|---|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Networking | <input type="checkbox"/> New products and services |
| <input type="checkbox"/> Continuing Education credits | <input type="checkbox"/> New ideas and best practices | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Location (Scottsdale) | | |

Is this your first NPSF Annual Congress?

- Yes No

Do you have an affiliation with NPSF? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I am a member of American Society for Professionals in Patient Safety (ASPPS) | <input type="checkbox"/> I am a Certified Professional in Patient Safety (CPPS) |
| <input type="checkbox"/> I am a member of the Stand Up For Patient Safety program | <input type="checkbox"/> I am a member of the NPSF Patient Safety Coalition |

Hotel Information

Renaissance Orlando at SeaWorld

6677 Sea Harbor Drive
Orlando, FL 32821

Attendees can book accommodations by going online:
<https://aws.passkey.com/event/16136999/owner/210/home>
or by calling: **1-800-266-9432**.

Please indicate that you are with the National Patient Safety Foundation Congress. Rooms are available on a first-come, first-served basis within the designated NPSF block.

Rates are \$189 per night, exclusive of state and local taxes.

All reservations must be made by April 24 in order to secure this rate.

Hotel website home page: <http://www.marriott.com/hotels/travel/mcosr-renaissance-orlando-at-seaworld/>

Disabilities

It is the policy of NPSF not to discriminate against any person on the basis of disabilities. Please contact info@npsf.org with specific inquiries.

Payment

- Check enclosed (payable to National Patient Safety Foundation)

Check Total \$ _____

- Please charge my Registration Total (from page 1) \$ _____
Visa / MasterCard / AmEx (circle one) information

CARD NUMBER	SECURITY CODE	
NAME ON CARD	EXPIRATION	
AUTHORIZED SIGNATURE	DATE	
BILLING ADDRESS		
CITY	STATE	ZIP

This registration is being paid for by

- Myself My organization

Cancellation Policy

Cancellations must be made in writing to nburnside@npsf.org.

By March 13, 2017: Full Refund (less \$30.00 processing fee)

March 14–April 17, 2017: \$150.00 Cancellation Fee

After April 17, 2017: No Refund

No-shows are non-refundable. In the unlikely event of program cancellation, NPSF will refund 100 percent of registration fees paid. NPSF assumes no liability for any penalty fees on airline tickets, deposits for hotel accommodations, any other fees charged as penalties, or other incidental costs that a registrant might incur as a consequence of program cancellation.