

Registration

3 easy ways to register!



Mail this form with payment to AAOHN National Office, 7794 Grow Drive, Pensacola, FL 32514-7072; or



Fax to 850-484-8762 (be sure to include payment information).



Register online at www.AAOHN.org AAOHN members should log in to the members only section. To log in, use your e-mail address and your member number as your password.

Call the AAOHN National Office at 850-474-6963, toll free 800-241-8014, with any questions.

Name _____ Credentials _____

First Name for Badge _____ Member Number _____

Institution _____ Title _____

City _____ State _____

The above information will appear on your badge. Please indicate your mailing address below.

Address _____

City _____ State _____ Zip (+4) _____

The above mailing address is my work address home address.

Daytime Phone _____ Fax _____

E-mail _____

Membership Status:

I am a member of AAOHN. I am a first-time attendee. I am a retired member of AAOHN.

I am a student member of AAOHN. I am not a member of AAOHN.

Opt-Out Feature: I have checked this box to have my name removed from all vendor lists exclusive to the 2013 AAOHN Conference

PRESENTERS: The Foundation Board offers the opportunity for presenters to donate honoraria to the Foundation. If you would like your honorarium to be donated to the AAOHN Foundation, please check this box. On behalf of the AAOHN Foundation, thank you for your donation and continuing support of the Foundation! Fed Tax ID: 58-2381547

Special Needs



I will need assistance.



I will need vegetarian meals.

Other

(please attach description)

Please read this information carefully before completing the fee section of this form.

Fee Section

Registration fees for the full conference include the educational program and food events listed in this brochure. Single-day registration fees include the educational program and food events listed in this brochure for the day the participant is registered.

Registration fees for the full conference or for single-day registration do not include the preconference courses. Preconference courses are optional activities and have a separate fee.

Registration

The type of registration is determined by the date that the registration is postmarked—in the case of mailing—or received in the National Office—in the case of faxed or online registrations.

Registrations postmarked or faxed on or before **March 29, 2013**, will be considered early registrations.

Registrations postmarked or faxed after **March 29, 2013**, will be considered regular registrations and must include an additional \$50.00.

To be preregistered for the conference, you must complete early or regular registration, as outlined above, by **March 29, 2013**.

Registrations postmarked or faxed after **March 29, 2013**, will be considered onsite registrations. Onsite registrations are welcome, but please be prepared to take a little longer at the registration desk when you arrive.

Following receipt of registration form and payment you will receive a confirmation letter in about two weeks. No confirmation letters will be sent after **March 29, 2013**.

Cancellations and Transfers

Cancellations or transfers must be requested in writing and postmarked or faxed by **March 29, 2013**. Refunds will be issued following the conference. A \$50.00 administrative fee will be assessed. If you transfer your registration to another person, please include a completed registration form for that person with your written request.

Discounts

When registering in a group of 5 or more, deduct \$40.00 from the tuition of each full-conference registration. To be eligible for the discount, the registration forms must arrive together and have the discount information clearly noted. This discount applies to either early or regular registrations for the full conference.

Payment

Payment must accompany this registration form. Where appropriate, a copy of a purchase order is sufficient. Registration forms received without payment will not be processed until payment is received.

Registration

R.S.V.P.

Please indicate by session number your 1st, 2nd, and 3rd choices for the **Preconference Workshops** (see pages 7-12 for workshop titles; see Section A below for fees):

- Saturday (full day, 8 a.m.-4 p.m.) #106-110 1st _____ 2nd _____ 3rd _____
- Saturday (half day, 8-11:30 a.m.) #111-112 1st _____ 2nd _____ 3rd _____
- Saturday (half day, 1-4:30 p.m.) #113-114 1st _____ 2nd _____ 3rd _____
- Sunday (full day, 8 a.m.-4 p.m.) #206-209 1st _____ 2nd _____ 3rd _____
- Sunday (half day, 8 a.m.-11:30 a.m.) #210-212 1st _____ 2nd _____ 3rd _____
- Sunday (half day, 1-4:30 p.m.) #213-215 1st _____ 2nd _____ 3rd _____
- Monday (half day, 8-11:30 a.m.) #305-311 1st _____ 2nd _____ 3rd _____

Please make your selection for each **Concurrent Session (CS)** by checking one course # on each line (see pages 13-20 for titles; included in conference registration fee):

- CS 1, Tues. (9:15-10:45 a.m.) 400 401 402 403 404 405
- CS 2, Tues. (11 a.m.-12:30 p.m.) 406 407 408 409 410 411
- CS 3, Tues. (1:30-3 p.m.) 412 413 414 415 416 417
- CS 4, Wed. (1-2:30 p.m.) 501 502 503 504 505 506
- CS 5, Wed. (3-4:30 p.m.) 507 508 509 510 511 512
- CS 6, Thurs. (8-9:30 a.m.) 600 601 602 603 604 605
- CS 7, Thurs. (10-11:30 a.m.) 606 607 608 609 610 611

Please check the **Practice Exchange** you plan to attend (Monday, April 15, 3:15-4:15 p.m.):

- Case Mgt (314) Health/Well (319)
- Consulting (315) Hospital (320)
- Corporate (316) Nurse Prac (321)
- Educator (317) Safety/Environ (322)
- Govt/Military (318) LPN (323)

Please check all **events** you plan to attend:

- Opening Reception**
Monday, April 15, 6:30 - 8:30 p.m.
- Exhibit Opening Reception**
Tuesday, April 16, 4:30 - 7:30 p.m.
- Breakfast and Awards**
Wednesday, April 17, 7:30 - 8:45 a.m.
- Lunch With Exhibitors**
Wednesday, April 17, 12 - 1:00 p.m.

FEE SECTION

A. PRECONFERENCE COURSES AND WORKSHOPS

- Comprehensive Courses** (April 13-15) Member Non-Member
- COHN/S Cert Exam Rev (101, 201, 301) \$605.00 \$805.00
 - Physical Assessment (102, 202, 302) \$605.00 \$805.00
 - AAOHN Cert in OHN (103, 203, 303) \$605.00 \$805.00
 - Indus/Office Ergonomics (104, 204, 304) \$605.00 \$805.00
 - NIOSH-appr Resp Func Cert (105, 205) \$550.00 \$660.00

- Full Day Workshops** Member Non-Member
- Sat/Sun, April 13-14, DOT Med Ex (106, 210) .. \$425.00 \$510.00
 - Sat, April 13 (107, 108, 109, 110) \$275.00 \$330.00
 - Sun., April 14 (206, 208, 209) \$275.00 \$330.00
 - Sun., April 14, Healthy Coaching (207) \$530.00 \$585.00

- Half-Day Workshops** Member Non-Member
- Sat., April 13, morning (111, 112) \$150.00 \$180.00
 - Sat., April 13, afternoon (113, 114) \$150.00 \$180.00
 - Sun., April 14, morning (211, 212) \$150.00 \$180.00
 - Sun., April 14, afternoon (213, 214, 215) \$150.00 \$180.00
 - Mon., April 15, morning (305-311) \$150.00 \$180.00

Subtotal A: \$ _____

Complete **either Full (B) or Single Day (C) Registration** below!

B. FULL-CONFERENCE REGISTRATION

- AAOHN Member (before March 29) \$415.00
- AAOHN Member (after March 29) \$455.00
- Retired AAOHN Member/Student (before March 29) \$190.00
- Retired AAOHN Member/Student (after March 29) \$190.00
- Non-Member (before March 29) \$680.00
- Non-Member (after March 29) \$730.00

Subtotal B: \$ _____

C. SINGLE-DAY REGISTRATION

- Member (before March 29) \$270.00
- Monday Tuesday Wednesday Thursday
- Member (after March 29) \$300.00
- Monday Tuesday Wednesday Thursday
- Non-Member (before March 29) \$480.00
- Monday Tuesday Wednesday Thursday
- Non-Member (after March 29) \$510.00
- Monday Tuesday Wednesday Thursday

Subtotal C: \$ _____

D. SITE SAFETY TOUR (Sunday, April 14) (312)

- Member \$95.00
- Non-Member \$95.00

Subtotal D: \$ _____

E. MEMBERSHIP DUES

Please contact AAOHN National Office for dues quote.

Subtotal E: \$ _____

F. SPOUSE OR GUEST REGISTRATION

\$175 per guest. Includes all food functions and exhibit hall entry.

Name(s) _____

Subtotal F: \$ _____

CALCULATE YOUR TOTAL FEES

Add subtotals from previous sections:

- A. Preconference Courses \$ _____
- B. Full-Conference Registration \$ _____
- C. Single-Day Registration \$ _____
- D. Site Safety Tour \$ _____
- E. Membership Dues \$ _____
- F. Spouse/Guest Registration \$ _____

Total Enclosed: \$ _____

For credit card use —



Card # _____ Exp. _____ CV # _____

Print name on card _____

Signature _____

Billing address _____

Or send check — Check # _____

Make check payable to AAOHN. Checks will be converted into an electronic transaction. (Returned checks will incur a \$50.00 processing fee)

Or send a copy of purchase order — PO # _____

Tax ID# 13-1683514

Payment or purchase order must accompany this form.