

ARN REACH 2019 Conference Registration Form

Greater Columbus Convention Center
Columbus, OH • November 6–9, 2019

C14 A

| FOR OFFICE USE ONLY | |
|---------------------|--------------------|
| Customer # _____ | Mtg Ord # 1- _____ |
| Date _____ | I _____ |

Complete name _____ First name for badge _____

Facility _____ Facility city/state _____

Mailing address (☐ Home ☐ Work) _____

City/state/ZIP _____

Work phone (_____) _____ Fax (_____) _____ Home phone (_____) _____

E-mail address* _____

*Required to receive confirmation of registration

In case of emergency during the conference, please contact: _____

Work phone (_____) _____ Home phone (_____) _____

(FTA) ☐ Check here if this will be your first ARN conference.

To register, make your selections in the boxes below, add the subtotals, and indicate the total amount in Box H.

| Full Conference Registration | A | Optional Events | F |
|---|---|--|---|
| <p>ARN member <input type="checkbox"/> On or before 9/27/19 \$495 <input type="checkbox"/> After 9/27/19 \$645</p> <p>Team discount (2–4 team members)* <input type="checkbox"/> \$475 <input type="checkbox"/> \$625</p> <p>Team discount (5+ team members)* <input type="checkbox"/> \$455 <input type="checkbox"/> \$605</p> <p><small>*All registration forms must arrive together or discount will not apply.</small></p> <p>Join/renew and register <input type="checkbox"/> \$625 <input type="checkbox"/> \$775</p> <p>Join/renew local chapter (add dues) Chapter name _____ <input type="checkbox"/> \$ _____</p> <p>Nonmember <input type="checkbox"/> \$695 <input type="checkbox"/> \$845</p> <p>Student (ID required) <input type="checkbox"/> \$265 <input type="checkbox"/> \$415</p> <p>Subtotal A \$ _____</p> | | <p>Professional Tours #1 (PT1) 3 locations, lunch, and transportation—OhioHealth Rehabilitation Hospital, Dodd Rehabilitation Hospital, Nationwide Children's Hospital (PT1), Wed., Nov. 6, 11:45 am–4 pm <input type="checkbox"/> Member: \$69 <input type="checkbox"/> Nonmember: \$79</p> <p>Professional Tours #2 (PT2) 3 locations, lunch, and transportation—OhioHealth Rehabilitation Hospital, Dodd Rehabilitation Hospital, Nationwide Children's Hospital (PT2), Fri., Nov. 8, 12:45–5 pm <input type="checkbox"/> Member: \$69 <input type="checkbox"/> Nonmember: \$79</p> <p>Yoga Class (YOG105) Thurs., Nov 7., 6:30–7:15 am <input type="checkbox"/> \$10</p> <p>Chair Yoga and Meditation (YOG106) Fri., Nov. 8, 7–7:30 am <input type="checkbox"/> \$10</p> <p>Subtotal F \$ _____</p> | |
| 1-Day Conference Registration | B | Guest Passes | G |
| <p>Check the day you'll be attending and appropriate rate: <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday</p> <p>On or before 9/27/19 After 9/27/19</p> <p>ARN member <input type="checkbox"/> \$290 <input type="checkbox"/> \$440</p> <p>Nonmember <input type="checkbox"/> \$390 <input type="checkbox"/> \$540</p> <p>Student (ID required) <input type="checkbox"/> \$210 <input type="checkbox"/> \$360</p> <p>Subtotal B \$ _____</p> | | <p>(GST) <input type="checkbox"/> Guest pass _____ No. of guests @ \$120 each \$ _____</p> <p>Guest Name: _____</p> <p>Guest Name: _____ Subtotal G \$ _____</p> | |
| Evidence-Based Practice Workshop (EBP)— Tuesday, Nov. 5, 8 am–4:45 pm | C | Special Requests | H |
| <p>Member <input type="checkbox"/> \$269 / Nonmember <input type="checkbox"/> \$425</p> <p>Subtotal C \$ _____</p> | | <p>(SDV) <input type="checkbox"/> I will need a vegetarian meal. (OTH) <input type="checkbox"/> I have other needs. Please contact me. (DIS) <input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list.</p> | |
| Preconference Sessions—Wednesday, Nov. 6 | D | TOTAL | |
| <p>(001) Medically Complex Patients and Rehabilitation Nurses: Partnering to Meet New Challenges 8–11:30 am, Member <input type="checkbox"/> \$135 / Nonmember <input type="checkbox"/> \$185</p> <p>(002) Mini IMPACT Course 12:30–4 pm, Member <input type="checkbox"/> \$135 / Nonmember <input type="checkbox"/> \$185</p> <p>Subtotal D \$ _____</p> | | <p>A or B + C + D + E + F + G = Total Amount \$ _____</p> <p><small>Please allow ample time for processing payment within your facility to avoid a higher registration fee. (See Box A)</small></p> | |
| Donation | E | Payment (must accompany this form) | |
| <p>Please accept my tax-deductible contribution to support rehabilitation nursing research</p> <p>Subtotal E \$ _____</p> | | <p><input type="checkbox"/> Check (enclosed) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <ul style="list-style-type: none"> • Make check payable to ARN. • Checks not in U.S. funds will be returned. • A charge of \$25 will apply to checks returned for insufficient funds. • If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged. <p>I authorize ARN to charge the credit card(s) listed amounts reasonably deemed by ARN to be accurate and appropriate.</p> | |

Photography Disclosure: As in past conferences, a professional photographer may take photos of participants at ARN 2019 programs and events. These photos are for ARN use only and may appear on ARN's website, in printed brochures, or in other promotional materials. Attendee registration grants ARN permission and consent for use of this photography.

Cancellation Policy: All cancellations must be made in writing. A \$100 processing charge will apply to all cancellations. No refunds will be made on cancellations postmarked after October 9, 2019. All refunds will be processed after the conference. ARN reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If ARN must cancel, registrants will receive full credits or refunds of their paid registration fees. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

Account number _____ Expiration date _____

Signature _____ Cardholder's name (Please print) _____

4 Easy Ways to Register

1. Mail: ARN Conference
PO Box 3781
Oak Brook, IL 60522
2. Phone: 800.229.7530 or 847.375.4710
(Credit card payment only)
3. Website: www.rehabnurse.org (Credit card payment only)
4. Fax: 847.375.6481 (Credit card payment only)