

2019 AWHONN CONVENTION

JUNE 8 - 12, 2019

REGISTRATION FORM

Registrant's Name *(Please Print Clearly)* _____ Phone # _____

Go to awhonnconvention.org to see descriptions of all the 2019 sessions.

FIRST NAME *(AS IT WILL APPEAR ON BADGE)* _____ LAST NAME _____

TITLE/POSITION _____

ORGANIZATION *(AS IT WILL APPEAR ON BADGE)* _____

PREFERRED MAILING ADDRESS FOR CONFIRMATION & BADGES _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/PC _____

COUNTRY _____

DAYTIME PHONE # _____ DAYTIME FAX# _____

AWHONN MEMBERSHIP NUMBER _____

EMAIL _____

REGISTERED GUEST'S NAME *(AS IT WILL APPEAR ON BADGE)* _____

Is this the first AWHONN Convention you have attended?
 YES NO

Check here if you have a disability that may require accommodation to fully participate in the convention. AWHONN will contact you to discuss specific needs.

Check here if you prefer not to receive invitations to social functions or product/clinical session information from convention exhibitors.

I WILL ATTEND THE:

Events are free unless otherwise noted.

- Expo Hall Opening Reception
- FHM Instructors Reception *(FHM Instructors Only)*
- Research Connections Reception
- President's Party



When you make a charitable donation to Every Woman, Every Baby, you support the nurses of AWHONN and the women, children and families they care for.

*A great nurse can make a difference.
Your generous gift can make an impact.*

ADDITIONAL QUESTIONS SHOULD BE DIRECTED TO: AWHONN Registration at 240-439-2554 or toll free at 800-310-7554.
If mailing or faxing this form, please be sure to send both sides.

Register before April 1 and save!

awhonnconvention.org

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LEADERSHIP SUMMIT

June 8 SS19

MEMBER \$299 (Before 4/1) \$399 (After 4/1)

NONMEMBER \$399 (Before 4/1) \$499 (After 4/1)

PRE-CONVENTION WORKSHOP June 8 & 9

Half Day - check all you wish to attend

PC1 PC2 PC3 PC4 PC5

PC6 PC7 PC8 PC9

PRE-CONVENTION WORKSHOP REGISTRATION FEES

	BEFORE 4-1	AFTER 4-1
HALF-DAY - MEMBER	<input type="checkbox"/> \$95	<input type="checkbox"/> \$125
HALF DAY - NONMEMBER	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175

CONVENTION REGISTRATION FEES

FULL REGISTRATION FEES	BEFORE 4-1	AFTER 4-1	ON SITE
MEMBER*	<input type="checkbox"/> \$499	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
NONMEMBER	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	<input type="checkbox"/> \$915
+ 1YR AWHONN FULL MEMBERSHIP***			
NONMEMBER	<input type="checkbox"/> \$749	<input type="checkbox"/> \$849	<input type="checkbox"/> \$949
STUDENT MEMBER**	<input type="checkbox"/> \$199	<input type="checkbox"/> \$299	<input type="checkbox"/> \$299
STUDENT NONMEMBER**	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399	<input type="checkbox"/> \$399
EXHIBITOR****	<input type="checkbox"/> \$299	<input type="checkbox"/> \$399	<input type="checkbox"/> \$399

*CONVENTION DISCOUNT DOES NOT APPLY TO E-MEMBERSHIP OR RETIRED MEMBERSHIP

**STUDENTS MUST SUBMIT PROOF OF FULL-TIME ENROLLMENT IN NURSING PROGRAM.

***NOT A MEMBER? JOIN NOW AND REGISTER-INCLUDES CONFERENCE REGISTRATION & ONE FULL YEAR OF AWHONN FULL MEMBERSHIP (A SAVINGS OF \$34).

****EXHIBITOR RATE FOR CONFERENCE EDUCATIONAL SESSIONS.

ONE DAY FEES

	MEMBER	NONMEMBER
SUNDAY (INCLUDES EXHIBITORS' RECEPTION)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
MONDAY (INCLUDES PRESIDENT'S PARTY)	<input type="checkbox"/> \$195	<input type="checkbox"/> \$275
TUESDAY	<input type="checkbox"/> \$195	<input type="checkbox"/> \$275
WEDNESDAY	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175

ADD \$100 FOR ONE-DAY REGISTRATION FEES PAID ONSITE AT THE CONVENTION

MEMBERSHIP RENEWAL (FULL MEMBERSHIP)

\$216 per year

METHOD OF PAYMENT

CHECK ENCLOSED (payable in U.S. dollars to AWHONN)

VISA MASTERCARD AMEX

CARD NUMBER _____

EXP. DATE _____

NAME ON CARD _____

SIGNATURE _____

PAYMENT SUMMARY

Leadership Summit Fee	\$ _____
Pre-Convention Workshop Fee	\$ _____
Convention Fee	\$ _____
One Day Fee	\$ _____
Guest Fee (\$95)	\$ _____

(includes admittance to Sunday Reception & Monday President's Party)

TOTAL REGISTRATION FEES \$ _____

Add an optional tax-deductible gift to AWHONN



to promote breastfeeding,
full-term pregnancies,
and women's health at
every age:

\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

REFUND POLICY

Prior to the convention, registration may be changed or canceled upon written request only. For registration fees to be refunded less processing fee, cancellations must be received on or before May 1, 2019. A \$99 administrative fee will be deducted from all refunds. No registration or membership refunds will be made after May 1, 2019. Registrants are responsible for canceling their own travel, hotel and tour reservations.

3 WAYS TO REGISTER

FAX: Registration paid by credit card may be faxed to 301-694-5124

MAIL: Send this completed form, along with your check(s) to: AWHONN Registration c/o Experient, 5202 Presidents Court, G100, Frederick, MD 21703

ONLINE: Register at www.awhonnconvention.org

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