

# BONENT 2017 Mid-West Dialysis Seminar

Sunday, June 11, 2017

## FACILITY REGISTRATION FORM

(ONLY for 5+ BONENT Attendees from same facility)



Please Print clearly (all info below is required)

Legal First Name Last Name First Name (for your seminar nametag)

Address Apt. #

City State Zip

( ) ( ) - Home Phone Cell Phone

Email Address (Required to send your confirmation)

Are you BONENT Certified? No Yes: ID#

(Your Annual Certification Fee must be paid up-to-date to receive the BONENT member discount below.)

### To Qualify for the Facility Discount:

You MUST Register altogether with this form received by May 26, 2017.

Send items below altogether in one envelope by mail or overnight courier, including:

- Letter from facility manager confirming employment of attendee list
Facility Registration Form (for each attendee)
One payment for all, or individual payments accepted.

### Registration Fee Includes Lunch

Table with 3 columns: Registration Fee ONLY if Received by 5/26/17, TOTAL. Rows include BONENT Certified Annual Certification Fees, Other, Less Facility Discounts (5-9, 10-14, 15+ Attendees), and TOTAL.

CONFIRMATION
After your registration is processed, you will receive an email confirmation to admit you into the seminar.
If you do NOT receive it by June 6th call 202-462-1252, ext 12 or 15.
YOU MUST BRING YOUR CONFIRMATION TO THE SEMINAR.

Refund Policy: A \$50 cancellation fee applies for cancellations received by fax or mail on or before 6/2/17. No refunds after 6/2/17.

## PAYMENT

- 1. No Payments by Phone or Fax. 2. Keep a copy for your records.

### CHECK or Money Order

Please mail your check or money order (payable to BONENT) with this form to: BONENT, 100 South Washington St, Rockville, MD 20850

IMPORTANT (Payments by Hospital or Facility): If your registration fees are to be paid by your employer, be sure to tell them it must be mailed no later than 5/18/17.

### CREDIT CARD

MAIL to BONENT address above.

Credit Card Information: AMEX MasterCard VISA

Please print clearly

Card Number
Expiration Date (Month/Year) Security Code
Cardholder's Name on Card
Cardholder's Signature

