

# BONENT 2018 Northeast Dialysis Seminar

Sunday, August 19, 2018

## 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?  Yes: ID# \_\_\_\_\_  No  
(Your Annual Certification Fee must be paid up-to-date to receive the BONENT member discount below.)

Check for Vegetarian Lunch

Which of the 2 sessions will you attend?  Technician/Nurse;  Bio-Med Tech

### Registration Fee *Includes Lunch*

	Registration Fee ONLY if Received by 8/1/18	TOTAL
<b>BONENT Certified</b> <i>Annual Certification Fees must be paid up-to-date for this rate less the discount</i>	\$109.	
<b>Other</b> <i>Non Members &amp; Members with unpaid dues balance</i>	\$139.	
<b>Less Facility Discount:</b> 5-9 Attendees ..... (\$ 5 ea.) 10-14 Attendees ..... (\$8 ea.) 15+ Attendees ..... (\$10 ea.)		
<b>TOTAL</b>	----	\$

#### To Qualify for the Facility Discount:

You **MUST** Register **altogether** with this form received by **August 1<sup>st</sup> 2018.**

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.
- No refunds after submission.

*Discount is not available online*

#### 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 Aug 10<sup>th</sup>, call 202-462-1252, ext 112 or 115.

**YOU MUST BRING  
YOUR CONFIRMATION  
TO THE SEMINAR.**

### PAYMENT

- No Payments by Phone or Fax.
- 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 7/26/18.**

#### 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 \_\_\_\_\_

