

BONENT 2017 Western Dialysis Seminar

Sunday, May 7, 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 **April 21st, 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

	Registration Fee ONLY if Received by 4/21/17	TOTAL
BONENT Certified Annual Certification Fees are paid up-to-date	\$99.	
Other	\$129.	
Less Facility Discount:		
5-9 Attendees	(\$ 5ea.)	
10-14 Attendees	(\$8 ea.)	
15+ Attendees	(\$10 ea.)	
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 May 2nd 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 4/30/17. No refunds after 4/30/17.

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 4/11/17.**

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 _____

