

BONENT 2018 Western Regional Seminar

Sunday, April 22, 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 5/2/18	TOTAL
BONENT Certified <i>Annual Certification Fees must be paid up-to-date for this rate less the discount</i>	\$109.	
Other <i>Non Members & Members with unpaid dues balance</i>	\$139.	
Less Facility Discount: 5-9 Attendees (\$ 5 ea.) 10-14 Attendees (\$8 ea.) 15+ Attendees (\$10 ea.)		
TOTAL	----	\$

To Qualify for the Facility Discount:

You **MUST** Register **altogether** with this form received by **April 2nd 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 April 13th all 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 3/28/18.**

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 _____

