

# BONENT 2018 Mid-West Regional Seminar

Sunday, June 10<sup>th</sup>, 2018

## REGISTRATION FORM



### To Register:

1. Go Online to [www.BONENT.org](http://www.BONENT.org) (My Info section) for BONENT certified members only.
2. **OR** fill in this form below.

Please Print clearly (all info below is required)

Legal First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nametag First Name (for your seminar nametag) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Vegetarian Lunch

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.)

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

### Registration Fee Includes Lunch

|   | Early Bird<br>Postmarked by<br>5/4/18 | Regular<br>Postmarked<br>after 5/4/18 | Onsite | TOTAL |
|---|---------------------------------------|---------------------------------------|--------|-------|
| <b>BONENT Certified</b><br>Annual Certification<br>Fees are paid up-to-date | \$109.                                | \$119.                                | \$129. |       |
| <b>Other</b>  | \$139.                                | \$149.                                | \$159  |       |

**Refund Policy:** A \$50 cancellation fee applies for cancellations received by fax or mail on or before 5/10/18.  
No refunds after 5/10/18.

**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 1<sup>st</sup> call 202-462-1252, ext 112 or 115.

**YOU MUST BRING**

**YOUR CONFIRMATION**

**TO THE SEMINAR.**

## PAYMENT

1. No Payments by Phone.
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 Regular registration fees are to be paid by your employer, be sure to tell them it must be **mailed no later than 5/31/18.**

### CREDIT CARD

*Quickest Option* → → **FAX** this form with credit card payments to 202-463-1257.  
*Or:* **MAIL** to BONENT address above.

**Credit Card Information:**  AMEX  MasterCard  VISA

Card Number \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name on Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please print clearly

