

BONENT 2017 Western Regional Seminar

Sunday, May 7, 2017

REGISTRATION FORM



To Register:

1. Go Online to 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 Postmarked by 4/7/17	Regular Postmarked after 4/7/17	TOTAL
BONENT Certified Annual Certification Fees are paid up-to-date	\$99.	\$109.	
Other	\$129.	\$139.	

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 28th 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 4/20/17. No refunds after 4/20/17.

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 4/21/17.**

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

