### 21ST ANNUAL MIDWEST REGIONAL NURSING EDUCATORS CONFERENCE

## Innovations, Quality and Safety in Nursing Education and Practice

November 9-10, 2017 ~ PreConference: November 8

# MO-OADN Discounted Registration Fee

Fees include Wednesday evening box dinner; continental breakfasts, hosted luncheons and refreshment breaks on Thursday and Friday; and CE credit for Wednesday, Thursday and Friday.

There must be 3 MO-OADN members registering together with one payment to receive this special rate.

EARLY REGISTRATION (By Oct. 27, 2017)
Pre-Conference • Wednesday Evening, Nov. 8

EARLY REGISTRATION (By Oct. 27, 2017)

Pre-Conference • Wednesday Evening, Nov. 8

\_\_\_ \$75 (face-to-face, box dinner included)

Main	Conference	e • Nov.	9-10
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<del>\$179</del> for Day One <b>\$152.1</b> 5		\$179 f	or Dav	One	\$152.1	5
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\_\_\_ \$179 for Day Two \$152.15

\_\_\_\_ \$322 for Both Days \$273.70

\$116 for Day One (students)

\$116 for Day Two (students)

\_\_\_ \$209 for Both Days (students)

### REGULAR REGISTRATION (After Oct. 27, 2017) Pre-Conference • Wednesday Evening, Nov. 8

\_\_ \$90 (face-to-face, box dinner included)

#### Main Conference • Nov. 9-10

\$\$	<del>:199</del> fo	or Day	One	\$1	69.1	5
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\_\_\_\_ \$\\$199 for Day Two \$169.15

\$\$179 for Both Days \$304.30

\_\_\_ \$136 for Day One (students)

\_\_\_ \$136 for Day Two (students)

\$245 for Both Days (students)

### Concurrent Sessions- please choose one if attending Day Two- Friday, November 10

\_\_\_\_A. Instructional Design Principles for Nurse Educators

\_\_\_ B. Student Life-School Balance

I am a Mizzou Alum: \_\_\_\_Yes \_\_\_\_ No

List my name on the conference roster for

networking purposes: \_\_\_\_Yes \_\_\_\_ No

(Please note we do not share our mail list with vendors or any other groups. This is for networking purposes only.)

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An equal opportunity institution

### **MO-OADN Group Registration Form**

ALL GROUP REGISTRATIONS MUST BE SUBMITTED AND PAID AT ONE TIME. NO ONLINE REGISTRATIONS.

### Registration Full Name: Educational Credentials: \_\_\_\_ Name for Badge (if different): \_\_\_\_ Position: \_ Employer Mailing Address: \_\_\_\_ City/State/Zip: \_\_\_ Home Mailing Address: City/State/Zip: \_\_\_\_\_ Fax: \_\_\_ Payment - Please note that upon submitting your registration, you are responsible for paying the full registration fee, whether or not you actually attend the conference, unless your registration is canceled at least 7 business days prior to the conference. \_Check enclosed made payable to University of Missouri Mail to: MU Nursing Outreach S266 School of Nursing Building Columbia, MO 65211-4120 Please use ISE (MU only) PS Account\_ Fiscal Officer Name & E-mail: \_\_\_\_ Billing Department Name: \_ Billing Department Address: \_ For credit card payment please call our office (573)882-0215 or register online. DO NOT fax or e-mail credit card information. Fax registration to: (573)884-8278 (Do not fax credit card information- please call with payment) Check is being processed and will arrive under separate cover.

Questions? Comments?
Call (573) 882-0215, Fax (573) 884-8278 or email NursingOutreach@missouri.edu