

21ST ANNUAL MIDWEST REGIONAL NURSING EDUCATORS CONFERENCE

Innovations, Quality and Safety in Nursing Education and Practice

November 9-10, 2017 ~ PreConference: November 8

REGISTRATION FORM

Group discounts for three or more registrants are available.
Please call the MU Nursing Outreach office at 573-882-0215 for details.

Registration Fees

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.

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

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

Main Conference • Nov. 9-10

- ___ \$179 for Day One
- ___ \$179 for Day Two
- ___ \$322 for Both Days
- ___ \$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

- ___ \$199 for Day One
- ___ \$199 for Day Two
- ___ \$358 for Both Days
- ___ \$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 Principals 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.)

 An equal opportunity institution

Registration

Full Name: _____

Educational Credentials: _____

Name for Badge (if different): _____

Organization: _____

Position: _____

Employer Mailing Address: _____

City/State/Zip: _____

Home Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

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)

MO Code _____ PSAccount _____

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