

2017 Summer Healthcare-Associated Infection Workshops

REGISTRATION FORM

CONFERENCE COST

\$50 - 1st day (LTC)

- June 6 – Columbia
 June 20 – Cape Girardeau
 June 27 – St. Louis
 July 20 – Kansas City
 July 25 – Springfield

\$25 - Morning 2nd day (Acute Care)

- June 7 – Columbia
 June 21 – Cape Girardeau
 June 28 – St. Louis
 July 21 – Kansas City
 July 26 – Springfield

\$25 - Afternoon 2nd day (Ambulatory Care)

- June 7 – Columbia
 June 21 – Cape Girardeau
 June 28 – St. Louis
 July 21 – Kansas City
 July 26 – Springfield

Students: There will be a number of complimentary seats available for students at each site.

Call (573) 882-0215 for student registrations.

Include my name and contact information on the conference roster for networking purposes:

Yes No

I am a Mizzou Nursing Alum:

Yes No

ONLINE REGISTRATION:
nursingoutreach.missouri.edu

Online registration is preferred.

If you are paying by credit card, you must register online at nursingoutreach.missouri.edu or call the office: (573) 882-0215, ask for Mary

Questions? Comments?
Call (573) 882-0215

Email
NursingOutreach@missouri.edu



An equal opportunity institution

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: _____

Please check your type of work setting:

- LTC Ambulatory Care (e.g., medical clinics, urgent care, dialysis centers, physician offices)
 Acute Care Ambulatory Surgery Centers
 Other (please indicate _____)

Please check your primary role:

- Direct care provider Infection preventionist
 Nursing management/administration Nursing home administrator
 Educator Quality improvement
 Environmental control Surveyor/regulator
 Other (_____)

Are you nationally certified in infection prevention (e.g., by APIC)?:

Yes No (if NO, would you like to be? Yes No)

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 _____ 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**)