



20TH ANNUAL

Conference for Office and Clinic Nurses and Office Support Staff

Includes Specific Content for Clerical, Technical and Administrative Personnel

CONFERENCE COST

___ \$119 Early Registration
(Postmarked on or before September 1)

___ \$139 Regular Registration
(Postmarked after September 1)

___ \$149 Onsite

STUDENTS: ___ \$89
Early, Regular and Group Registrations do not apply

Please provide the information below:

College/University _____

Name of Major Advisor _____

Please indicate which Concurrent Session you plan to attend:

___ A) Secrets of the Well Run Office

___ B) Hot Topics in Office & Clinic Care

Group Discounts: A separate registration form is required for each individual and all forms must be submitted together by USPS mail, e-mail or fax: **NO** online registrations.

Payment: ONE check made payable to University of Missouri

Mail to: MU Nursing Outreach
Sinclair School of Nursing, Room S266
Columbia, MO 65211

If paying by credit card, please call our office at (573)882-0215

DO NOT Email or Fax the Credit Card Number

Early: ___ \$107.10/person group fee (10% discount) for registrations of 3-5 individuals.

___ \$101.15/person group fee (15% discount) for registrations of 6 or more individuals.

Regular: ___ \$125.10/person group fee (10% discount) for registrations of 3-5 individuals

___ \$118.15/person group fee (15% discount) for registrations of 6 or more individuals.

Please note:

Registration fees include the conference, CE credit, continental breakfast, lunch and refreshment breaks, and access to speaker handouts online.

Full Name: _____

Educational Credentials: _____

Name for Badge (if different): _____

Home Address: _____

City/State/Zip: _____

Organization: _____

Position: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

___ Yes ___ No I am a Mizzou Nursing Alum

___ Yes ___ No It is OK to include my name and contact information on the conference roster for networking purposes

___ Yes ___ No I am a 1st time conference registrant

Please check your profession:

___ RN _____ LPN

___ APRN _____ Regulatory Personnel

___ Other _____

NOTE: Please contact the Nursing Outreach Office at nursingoutreach@missouri.edu or 573-882-0215, if you need special dietary considerations.

REGISTRATION/PAYMENT

___ Check enclosed made payable to University of Missouri

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Columbia, MO 65211

Online registrations preferred.

If you are paying by credit card, you must register online or call the office (573)882-0215.

Please use ISE (MU only)

MO Code _____ PS Account _____

Online registration: <http://nursingoutreach.missouri.edu>

QUESTIONS? COMMENTS?

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