



## Opportunities for Exhibit Space or Sponsorship

**Exhibitors:** You are cordially invited to engage in face-to-face conversations with perinatal healthcare providers and educators from across the state. This is an opportunity to share your products or services with a number of key contacts in a short time frame.

**Sponsors:** There are opportunities to sponsor refreshment breaks, continental breakfast and hosted luncheon as well as invited speakers.

**Interested in Exhibiting at this Event? Or being a Sponsor? Please go to the Conference Website for Details and Application Form**

<http://nursingoutreach.missouri.edu>

**Please call 573-882-0215 for any questions.**

## Registration Cancellation and Substitution

We understand that circumstances may arise that require you to cancel or send a substitute. If you cancel your attendance seven or more business days before the conference by October 17, 2017, your registration fee will be refunded, minus a \$25 processing fee. You may send a substitute at any time. Please notify the Nursing Outreach office ([www.nursingoutreach.missouri.edu](http://www.nursingoutreach.missouri.edu)) of any registration changes prior to the conference to facilitate the check-in process.

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 seven business days prior to the conference by October 17, 2017. All cancellation notices must be in writing; e-mail notification is acceptable.

### How do you prefer to receive mailings about upcoming conferences?

- Direct Mail Brochures  
 Electronic Notification  
 Either way is fine

**Questions? Comments? Call (573) 882-0215 or email [NursingOutreach@missouri.edu](mailto:NursingOutreach@missouri.edu)**

## Conference Cost

**\$159 Early Registration**  
(Postmarked on or before October 12)

**\$179 Regular Registration**  
(Postmarked after October 12)

**\$199 Onsite**

**\$99 Students** Please provide the following information (Do not qualify for Group Discounts):

College/University \_\_\_\_\_

Name of Major Advisor \_\_\_\_\_

### AWHONN members (no group discount):

**\$135.15 Early Registration** (Before October 12)

**\$152.15 Regular Registration** (After October 12)

**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 65211-4120

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

**DO NOT EMAIL OR FAX THE CREDIT CARD NUMBER**

### Early Registration – Group Discount

\$143.10 (10% discount) for 3-5 registrations

\$135.15 (15% discount) for 6 or more registrations

### Regular Registration – Group Discount

\$161.10 (10% discount) for 3-5 registrations

\$152.15 (15% discount) for 6 or more registrations

### Please choose one of the following concurrent sessions:

- A) The Implementation of Telehealth for Postpartum Breastfeeding Support  
 B) Evidence-Based Practice in Perinatal Nursing

**For CREDIT CARD PAYMENT please register online or call our office (573)882-0215.**

**Do NOT fax or email credit card information.**

# 3rd Annual Perinatal Nursing Conference • October 26, 2017

## Improving Outcomes for Mother and Baby

### Registration Form

Full Name: \_\_\_\_\_

Name for Badge (if different): \_\_\_\_\_

Educational Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I am a Mizzou Alum:  Yes  No List my name on the conference roster:  Yes  No

### Registration/Payment:

If you register without paying, you are responsible for payment whether or not you attend the conference unless you cancel 7 business days before the conference.

Check enclosed made payable to **University of Missouri**

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

Please use ISE (MU only) MO Code \_\_\_\_\_ PS Account \_\_\_\_\_

Fax registration to: (573) 884-8278 (Do not fax credit card information-please call with payment) **Online registration is preferred**

Check is being processed and will arrive under separate cover.

### Please choose the one option that best represents your role:

Clinician/Practitioner  Educator  Administrator/Manager  Other \_\_\_\_\_

### Please choose the ONE option that best represents YOUR PRACTICE:

RN  NP  FNP  ANP  WHCNP  Other \_\_\_\_\_

CNS  CNM

Lactation Consultant  Other \_\_\_\_\_