

25TH ANNUAL

Psychiatric-Mental Health Update

November 3, 2017 ■ Peachtree Banquet Center, Columbia, MO

REGISTRATION FORM

Conference Cost

Registration - includes light breakfast, hosted luncheon, 2 breaks, web link to syllabus, CE credit.

- \$159 Early registration
postmarked by Oct. 21, 2016
- \$179 Regular registration
postmarked after Oct. 21, 2016
- \$199 On-site registration

\$89 Student rate
Early, regular and group registration discounts DO NOT apply to students.

Students, please provide the following:

College/University _____

Name of Major Advisor _____

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 for group discounts.

Payment: ONE check made payable to University of Missouri.

Mail to: MU Nursing Outreach, Rm. S266
Sinclair School of Nursing,
University of Missouri
Columbia, MO 65211- 4120

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

Early: \$143.10/person group fee
(10% discount) for registrations of
3-5 individuals

\$135.15/person group fee
(15% discount) for registrations of 6
or more individuals.

Regular: \$161.10/person group fee
(10% discount) for registrations of
3-5 individuals

\$152.15/person group fee
(15% discount) for registrations of 6
or more individuals.

**Online Registration available at:
nursingoutreach.missouri.edu**

Questions? Comments?

Call (573) 882-0215 • Fax (573) 884-8278
Email NursingOutreach@missouri.edu

 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 which profession you are representing:

- Staff Nurse Nurse Manager Nurse Educator
- Clinical Nurse Specialist Nurse Practitioner Nursing Home Administrator
- Social Worker Certified Counselor Substance Abuse Counselor
- Psychologist Other _____

Include my name and contact information 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)

I am a Mizzou Nursing Alum: Yes No

Please indicate which Concurrent Session you are most interested in attending:

A) The Effects of Bullying on Children B) Why Do People Die By Suicide?

I prefer to receive my conference brochure: mailed electronically either route is OK

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 register online or call our office (573)882-0215.
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.