



OAAPN 19th Annual Conference Registration Form

Embassy Suites Columbus Dublin • October 29-31, 2009

3 EASY WAYS TO REGISTER:

All registrations must be received no later than **October 16** to be guaranteed meals.
Registration will not be processed without proper payment or Clinical Breakout Selections.

Fax: 1-866-529-6822

On-line: www.oaapn.org

Mail: OAAPN Conference Registration
5818 Wilmington Pike #300, Dayton, OH 45459

Please print legibly.

Check all that apply: CNP CNS CNM CRNA

Last Name _____ First _____ Initial _____

Address (Check) Home Work

Street Address _____

City _____ State _____ Zip _____

Daytime Phone (Check one) Cell Home Work _____ Fax _____

E-Mail Address (For Registration Confirmation) _____

SS# (Last four digits) _____

METHOD OF PAYMENT:

Check enclosed (Make checks payable to: OAAPN)

If paying by credit card, please list:

Visa MasterCard Amex Discover

CARD NUMBER _____ EXP. DATE _____

NAME AS IT APPEARS ON CREDIT CARD _____

X _____
SIGNATURE

Optional PAC Donation:

Please note this donation requires a separate check made payable to: OAAPN PAC or separate credit card transaction.

Check enclosed Apply to credit card

Thank You! Amount \$ _____

FOR OFFICE USE ONLY:

Postmarked	Received	Registered	Confirmation Sent
Check/Trans Date	Ck #/Trans ID	Amount	Deposit
Payer (if different than registrant)			

Clinical Break-Outs/Reception and Dinner:

(Please circle if attending. Refer to Schedule of Events for more information. *Registration will not be processed if not completed.*)

Thursday, October 29, 2009

8:30-10:30 (Reimbursement Break-outs I)	1A	1B	1C
10:45-12:30 (Reimbursement Break-outs II)	2A	2B	
or 9:00-12:00 (AM Clinical Workshops)	1D	1E	1F
1:00-4:30 (Reimbursement Fundamentals)	3A		
or 1:00-4:00 (PM Clinical Workshops)	3B	3C	
or 1:00-2:30 (IUD Insertion Workshop)	3D		

5:30-7:00 Opening Reception	Yes	No
7:00-8:30 OAAPN Business Meeting	Yes	No

Friday, October 30, 2009

12:30-2:00	1A	1B	1C
2:30-4:00	2A	2B	2C 2D
4:15-5:45	3A	3B	3C 3D
6:30 Dinner	Yes	No	

REGISTRATION FEES/DEADLINES

Pre-Conference - Thursday, October 29:

				Payment Summary
Reimbursement	Break-out I	8:30-10:30pm	\$75	_____
Reimbursement	Break-out II	10:45-12:30pm	\$75	_____
Reimbursement	Break-out I & II	8:30-12:30pm	\$125	_____
Reimbursement	Basics	1:00-4:30pm	\$100	_____
Dermatology		9:00-12:00pm	\$75	_____
IUD Insertion	ParaGard	1:00-2:30pm	\$50	_____
Suturing:	Morning	9:00-12:00pm	\$75	_____
	Afternoon	1:00-4:00pm	\$75	_____
Joint Injection:	Morning	9:00-12:00pm	\$75	_____
	Afternoon	1:00-4:00pm	\$75	_____

Full Conference - Thurs., Oct. 29 (5pm) - Sat., Oct. 31:

	Postmarked by 9/30	Postmarked after 9/30	
Member	*\$350	*\$400	_____
Non-member	*\$400	*\$450	_____
*Friday Pharmacology Dinner Lecture (6:30 pm):		*\$25 addl. fee required	_____

Daily Rates:

Pre-Conference (see above)
Thursday, October 29 (5:30-8:30pm): **No charge - 0 -
**30 charge if not attending other portions of conference

Friday, October 30:

	Postmarked by 9/30	Postmarked after 9/30	
Member	*\$220	*\$250	_____
Non-member	*\$250	*\$285	_____
***Students		\$95/day	_____
*Friday Pharmacology Dinner Lecture (6:30 pm):		*\$25 addl. fee required	_____

Saturday, October 31:

	Postmarked by 9/30	Postmarked after 9/30	
Member	\$130	\$150	_____
Non-member	\$150	\$165	_____
***Students		\$55/day	_____

Buffet Breakfast:

Commuters will need to purchase Buffet Breakfast tickets below. (Full Buffet Breakfast is included for all overnight guests.)

Friday, October 30:	\$13	_____
Saturday, October 31:	\$13	_____

Membership: (Please circle) RENEW - JOIN

Regular	\$99	_____
(Please circle) Student or Retired	\$45	_____

Total Amount Enclosed \$ _____

***Student Discount: Photo copy of Student ID must be sent with registration.

Member Discount: Annual membership dues must be paid.

Changes/Cancellation: All cancellations must be received in writing prior to Oct. 16 and will be charged a \$15 administrative fee.