

15TH NATIONAL MOTHER BABY NURSES CONFERENCE

Chicago, Illinois • September 5–8, 2012

Register online at academyonline.org

Please Print Clearly. Confirmation will be sent *via email only*.

Name _____ Credentials _____
E-mail _____ Phone ☐ Home ☐ Work ☐ Cell _____
Home Address _____ Nursing License # _____
City _____ State _____ Zip _____ Employer/Hospital _____

We use your email address to deliver your receipt and conference information.

We occasionally provide e-mail addresses of attendees to carefully screened vendors to share information on nursing-related products and services.

☐ Check here if you prefer not to have your e-mail address provided to vendors.

Conference Fees

September 5, 2012, Preconference Workshops (See page 2 for workshop descriptions.)

Full Day Preconference Workshops

8:30 AM–5:00 PM

010 NRP Instructor Workshop \$185

Presenter: Zaichkin

020 NRP Instructor Workshop \$185

Presenter: Weiner

Morning Preconference Workshops

8:30 AM–12:30 PM

030 Nurse on Trial \$100

040 Neonatal Medication \$100
Safety

Afternoon Preconference Workshops

1:00–5:00 PM

050 Noninvasive Ventilation \$100

060 Quality Improvement \$100

September 6–8, 2012, Main Conference Registration

Registration Dates

Early Bird through 7/23/12

\$395

Regular 7/24/12–8/22/12

\$415

Registration Dates

After 8/22/12 or onsite

\$465

Thursday or Friday only (circle one)

\$185

Saturday only

\$120

Group Discount: See page 6 for details. Promotional prices do not apply to Group Discount.

Student and Retiree Discounts: \$210. Student must provide proof of student status, nursing programs only. Retirees must be at least 65 years of age.

Workshops

Indicate the workshop sessions you wish to attend by filling in the number of the workshop next to each session listed here. See academyonline.org for complete workshop descriptions.

Thursday Sessions

A # 1 ____

B # 1 ____

C # 1 ____

Friday Sessions

D # 2 ____

E # 2 ____

Conference Registration Fees

1. Preconference Workshop # 0 ____ \$ ____

2. Preconference Workshop # 0 ____ \$ ____

3. Main Conference Registration Fee \$ ____

Total Amount Due \$ ____

Please let us know who you are:

1. I work in:

☐ Mother/Baby Unit ☐ L & D ☐ Postpartum ☐ Nursery
☐ LDRP

2. My primary role is:

☐ Staff Nurse ☐ Manager ☐ Educator ☐ CNS

3. Number of deliveries per year in my facility:

☐ <200 ☐ 200–500 ☐ 501–1,000 ☐ >1,000

Payment

☐ Check enclosed payable in U.S. funds to: **MB**

☐ VISA ☐ MasterCard

Card # _____ - _____ - _____ - _____

Exp. date _____ CVV-code _____
(3-digit code located in the signature strip on back)

Signature _____

☐ Billing address same as above. If different:

Address _____

City/State/Zip _____

Register online at academyonline.org or

return this form to:

MB Conference Registration,

Anthony J. Jannetti, Inc.,

East Holly Ave., Box 56, Pitman, NJ 08071

Telephone inquiries: 856-256-2352 Fax: 856-218-0557

Registration will not be processed without payment.

See page 6 for cancellation policy.

Cancellation Policy: All cancellation requests must be received in writing on or before August 22, 2012. See Page 6 for refund policy.

Visit academyonline.org for complete descriptions of all sessions