

## SYMPOSIUM REGISTRATION FORM



PRE-SYMPOSIUM SESSIONS (Standard sessions are free with any paid registration)			
Date	Session	Time	Code/Choice
<b>Tuesday, July 7</b>	Rocky Mountain Retreat (\$275 fee)	9:00 am – 4:30 pm	<input type="checkbox"/> Pre 1 (\$275 fee)
<b>Wednesday July 8</b>	Rocky Mountain Retreat (continued)	8:30 am – 12:15 pm	(Included and required with Pre 1)
	Educational Sessions	10:30 am – 12:00 pm	<input type="checkbox"/> Pre 2 <input type="checkbox"/> Pre 3
	Nexplanon® Training (Non-certified)	1:30 pm – 3:30 pm	<input type="checkbox"/> SS1* (Non-certified)
	Educational Sessions	1:30 pm – 3:30 pm	<input type="checkbox"/> Pre 4 <input type="checkbox"/> Pre 5
	Educational Sessions	3:45 pm – 4:45 pm	<input type="checkbox"/> Pre 6 <input type="checkbox"/> Pre 7 <input type="checkbox"/> Pre 8
	Educational Sessions	5:00 pm – 6:00 pm	<input type="checkbox"/> Pre 9 <input type="checkbox"/> Pre 10 <input type="checkbox"/> Pre 11
	Dinner Session (\$30 fee)	6:15 pm – 7:45 pm	<input type="checkbox"/> Pre 12 (\$30 fee)
SYMPOSIUM SESSIONS			
<b>Thursday July 9</b>	Educational Sessions	8:00 am – 9:30 am	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> A6 <input type="checkbox"/> A7
	Keynote Address & Awards Ceremony	10:00 am – 11:15 am	<input type="checkbox"/> KN
	Luncheon Session (Non-certified)	11:30 am – 1:00 pm	<input type="checkbox"/> SS2* (Non-certified)
	Educational Sessions	1:30 pm – 3:00 pm	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5 <input type="checkbox"/> B6 <input type="checkbox"/> B7
	Educational Session	3:30 pm – 5:00 pm	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C6 <input type="checkbox"/> C7
<b>Friday July 10</b>	“Walk & Talk” Around the Lake (Non-certified)	7:15 am – 7:45 am	<input type="checkbox"/> WT (Non-certified)
	Educational Sessions	8:00 am – 9:30 am	<input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5 <input type="checkbox"/> D6 <input type="checkbox"/> D7
	Educational Sessions	10:00 am – 11:30 am	<input type="checkbox"/> E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> E5 <input type="checkbox"/> E6 <input type="checkbox"/> E7
	Challenges in Care Panel	12:15 pm – 1:45 pm	<input type="checkbox"/> CIC
	Educational Session	2:00 pm – 3:00 pm	<input type="checkbox"/> F1
	Workshops (\$95 fee)	3:15 pm – 6:15 pm	Indicate 1st & 2nd choices if applicable. (\$95 fee per Workshop) ____ <input type="checkbox"/> WS1 ____ <input type="checkbox"/> WS2 ____ <input type="checkbox"/> WS3
	Educational Session	3:15 pm – 4:45 pm	<input type="checkbox"/> G1
	Educational Sessions	5:30 pm – 6:15 pm	<input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5
	Dinner Session (\$30 fee)	6:30 pm – 8:00 pm	<input type="checkbox"/> J1 (\$30 fee)
<b>Saturday July 11</b>	Workshops (\$95 fee)	7:30 am – 10:30 am	Indicate 1st & 2nd choices if applicable. (\$95 fee per Workshop) ___ <input type="checkbox"/> WS4 ___ <input type="checkbox"/> WS5 (beginner) ___ <input type="checkbox"/> WS5 (intermediate) ___ <input type="checkbox"/> WS5 (advanced) ___ <input type="checkbox"/> WS6 ___ <input type="checkbox"/> WS7
	Educational Sessions	9:00 am – 10:30 am	<input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3
	Educational Sessions	12:00 pm – 1:00 pm	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4 <input type="checkbox"/> M5 <input type="checkbox"/> M6 <input type="checkbox"/> M7
	Educational Sessions	1:30 pm – 3:00 pm	<input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N4 <input type="checkbox"/> N5 <input type="checkbox"/> N6 <input type="checkbox"/> N7
	Educational Sessions	3:30 pm – 5:00 pm	<input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3 <input type="checkbox"/> O4 <input type="checkbox"/> O5 <input type="checkbox"/> O6 <input type="checkbox"/> O7
	Special Feature Session	5:15 pm – 6:15 pm	<input type="checkbox"/> SF2
<b>Sunday July 12</b>	Home “Stretch” (Non-certified)	7:00 am – 7:30 am	<input type="checkbox"/> HS (Non-certified)
	Educational Sessions	8:00 am – 9:30 am	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5
	Educational Sessions	9:45 am – 10:45 am	<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Q5
	Educational Seminar	9:45 am – 2:30 pm	<input type="checkbox"/> R1a <input type="checkbox"/> R1b

\* Verification of clinician's practice and eligibility information may be provided to sponsor for auditing purposes.

# SYMPOSIUM REGISTRATION FORM



**Certain information will appear on your name badge. Please print clearly.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Preferred Postal Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Phone or Cell: \_\_\_\_\_ Advanced Practice License # \_\_\_\_\_

From which School did you receive your Advanced Practice education? \_\_\_\_\_ Year graduated? \_\_\_\_\_

Is this the first time you have attended the National Nurse Practitioner Symposium? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if you have dietary restrictions\*, a need for auxiliary aids or special assistance services (*notification required by June 9, 2020*)

*\*Dietary restrictions will be accommodated as best as possible for functions held at the Keystone Conference Center, however exceptions may apply. Please call 800-996-3233 in advance or inquire at the Symposium Help Desk onsite with questions or concerns.*

REGISTRATION FEES							
FEES	<b>SAVE \$25 BY REGISTERING ONLINE</b>	Paid by Feb 15, 2020	Paid by May 15, 2020	Paid by June 15, 2020	Paid after June 15, 2020	Nursing MS Student*	TOTALS
Symposium:	Thurs-Sun	\$565	\$640	\$690	\$740	\$455	
Weekend:	Fri-Sun	\$515	\$590	\$640	\$690	\$400	
Two-Day:	<input type="checkbox"/> Thurs-Fri <input type="checkbox"/> Thurs & Sat <input type="checkbox"/> Fri-Sat <input type="checkbox"/> Sat-Sun	\$500	\$500	\$500	\$550	N/A	
One-Day:	<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	\$300	\$300	\$300	\$350	N/A	
Optional Items							
Dinner Session: <input type="checkbox"/> Wed <input type="checkbox"/> Fri   \$30 each dinner							
Handouts Thumb Drive Service (All available handouts plus update service providing subsequent updates via e-mail) \$10							
Hardcopy Syllabus (Must pre-order by June 15, 2020, not sold on-site) \$70							
Reception Pass for Guest (Thurs) \$20 (Symposium registration automatically includes admission to the Reception for symposium registrant. Purchase pass ONLY FOR GUEST(s) if needed.)							
Rocky Mountain Retreat (Tues & Wed) \$275							
Workshop <input type="checkbox"/> Fri <input type="checkbox"/> Sat   \$95 each workshop							
<b>TOTAL FEES</b>							

*\*Spring or Summer 2020. Verification must be provided upon request.*

### CREDIT CARD PAYMENTS (American Express, Discover, Mastercard, Visa accepted)

Card # \_\_\_\_\_

Expires \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address (if different than registration address)

\_\_\_\_\_

### CHECK PAYMENTS PAYABLE TO "National Nurse Practitioner Symposium"

**Cancellations on or before June 15, 2020 are fully refundable less a \$50 cancellation fee.**

**Cancellations after June 15, 2020 are non-refundable, however substitutions are allowed.**

### BENEFITS OF EARLY REGISTRATION

*The earlier you register, the more you can save on registration rates (tiered pricing cutoff dates of Feb 15, April 15, June 15)*

*Early registration allows higher probability of receiving your desired sessions before they fill up*

*The sooner you register, the sooner you will start receiving announcements and/or special offers*

#### RETURN TO:

National Nurse Practitioner Symposium  
4255 S Buckley Rd #118  
Aurora, CO 80013

or Fax: 888-996-3296

E-mail: info@npsymposium.com