

SYMPOSIUM REGISTRATION FORM

Townsend Maternal Child Gore Farha Ethics Other

Please check conference registering for.

Name _____

Address _____

City _____ State _____ Zip _____

Day Telephone _____ - _____ - _____ License # _____

Email _____

Hospital/Institution

Name/City _____

WMC Employee 3/4ID _____

-----OR-----

Non WMC Employee last 4 of SSN # ____ ____ ____ ____

Check all that apply:

Classification: APRN RN LPN RCP MICT EMT Social Worker Chaplain

Physician

Adult Care Home Administrator/Operator

Other please specify _____

Student *Non CEU*

Please check the appropriate selection. Payment must accompany registration.

Fee includes lunch and snacks at breaks.

Early Bird Registration. See brochure for dates and amount

Regular Registration. See brochure for dates and amounts

Walk-in registration (accepted based on availability of space) See brochure for amounts

General Public—No CEU. See brochure for availability and amount

Payment form:

Paying online.

Paying by check. Payable to WMREF and mail to 3306 E Central Wichita, KS 67208