

# 6th Annual Kansas Health Care Ethics Conference

## March 27, 2019 Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Hospital/Institution Name/City \_\_\_\_\_

WMC Employee 3/4ID \_\_\_\_\_ Non WMC Employee last 4 of SSN # \_\_\_\_\_

RN License # \_\_\_\_\_ APRN License # \_\_\_\_\_

Other License # \_\_\_\_\_

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* (A limited number of student scholarships are available, contact WMREF)

Please check the appropriate selection. Payment must accompany registration.

Fee includes lunch and snacks at breaks.

\$80 if postmarked on or before March 15, 2019

\$90 if postmarked after March 15, 2019

\$100 Walk-in registration (accepted based on availability of space)

\$25 General Public—No CEU

Check enclosed for amount of \$ \_\_\_\_\_ payable to WMREF

Bill my credit card for the amount of \$ \_\_\_\_\_

Visa  MasterCard  Discover # \_\_\_\_\_

Exp Date \_\_\_\_\_ Credit Card Signature \_\_\_\_\_

Complete this form and return with payment to:

**Wichita Medical Research & Education Foundation**

**Attn: Teresa Carter**

**3306 E Central**

**Wichita, KS 67208**

**Or fax to 316.687.0033 (must include credit card payment information)**