

8th Annual Kansas Health Care Ethics Conference

March 10, 2021 Registration Form

Name _____

Address _____

City _____ State _____ Zip _____ Day Telephone _____ - _____ - _____

Email _____

Hospital/Institution Name/City _____

RN License # _____

Other License # _____

Check all that apply: See website for Continuing Education Information

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 see below)

Please check the appropriate selection. Payment must accompany registration.

\$60 if registered on or before March 8, 2021—CEU

\$75 with CEU if registered after March 8, 2021—CEU

\$100 day of event registration (must call in at 316-978-6493) - CEU

\$5 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 _____ Security # _____ Credit Card Signature _____

Complete this form and return with payment to:

WSU Conference Office

1845 Fairmount

Box 136

Wichita, KS 67260-0136

Or fax to 316.978-3064 (Must include credit card payment information. This is a secured fax machine)