

NJADONA 2011 CONVENTION REGISTRATION FORM

Please type or print clearly one form per registrant. This form may be duplicated for additional registrants.

Name: _____ Title: _____

Facility: _____

Facility Address: _____

Facility City/State/Zip: _____

Facility Phone: _____ Fax: _____

Email: _____

Home Address: _____

Home City/State/Zip: _____

Are you a NJADONA/LTC member? Yes No (Please include a copy of your **NJADONA membership card** for the member rate.)

_____ This is the first time I am attending NJADONA's Convention.

_____ I am a DON and have been a DON for _____ years/ _____ months.

_____ *** Was your nursing department deficiency free from April 2010 – April 2011? Copy of DHSS report must accompany this form for recognition at Convention Awards Dinner.**

Circle all that apply.

Option No.	Description	NJADONA Member Rate Before April 1, 2011	NJADONA Member Rate After April 1, 2011	Non-member Registration Before April 1, 2011	Non-member Registration After April 1, 2011
1	Full 3-day Package <i>(April 13-15 includes all education, meals and Awards Dinner)</i>	\$250.00	\$350.00	\$350.00	\$450.00
2	Wednesday Only <i>(April 13 education & meals only)</i>	\$100.00	\$150.00	\$200.00	\$250.00
3	Thursday Only <i>(April 14 education & meals only)</i> <i>(Does not include Awards Dinner Ticket)</i>	\$100.00	\$150.00	\$200.00	\$250.00
4	Friday Only <i>(April 27 education & meals only)</i>	\$100.00	\$150.00	\$200.00	\$250.00
5	Awards Dinner and After Dinner Reception Guest	\$55.00	\$55.00	\$55.00	\$55.00
	Total Amount Due:				

Total \$ _____ **Method of Payment:** Visa _____ MasterCard _____ Check _____

Credit Card # _____ Exp. Date: _____ Zip Code: _____

Signature: _____ Date: _____

Send check payable to NJADONA/LTC, 195 Carriage Hill Circle, Mantua, NJ 08051-1161
or fax to 856-468-9865.

*** New this year**

***** Separate registration is required for convention and DON Boot Camp.**