

2012 NEW JERSEY LEAGUE FOR NURSING CONVENTION

REGISTRATION FORM

March 29-30, 2012

“2012 Transforming Nursing for Healthcare’s New Age”

AFTER 3/16/2012
ALL REGISTRATION
MUST BE ON-SITE

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Home Email _____

Employer/School of Nursing _____ Position/Title _____

Work Phone () _____ Work Email _____

Category: NJLN Member Non-Member Retiree Student**

****Nursing Student is defined as an individual that is not licensed as a Registered Nurse (RN) or Licensed Practical Nurse LPN)**

COPY OF STUDENT I.D. REQUIRED

Emergency Contact _____ Phone No. _____

CONVENTION LUNCHEONS: **(Advanced Registration Required)**

ENTER AMOUNT

Luncheons:	<input type="checkbox"/> Thursday Luncheon	3/29/12	\$40.00	\$ _____
	<input type="checkbox"/> Friday Luncheon	3/30/12	\$40.00	\$ _____

NJLN MEMBERS ONLY-- Early Bird Convention Registration (Postmarked by 2/21/2012)

<input type="checkbox"/> Full Convention	3/29-30/12	\$215.00	\$ _____
<input type="checkbox"/> Thursday Only	3/29/12	\$175.00	\$ _____
<input type="checkbox"/> Friday Only	3/30/12	\$135.00	\$ _____

CONVENTION GENERAL REGISTRATION:

<input type="checkbox"/> NJLN Member	<input type="checkbox"/> Full Convention	3/29-30/12	\$255.00	\$ _____
	<input type="checkbox"/> Thursday Only	3/29/12	\$190.00	\$ _____
	<input type="checkbox"/> Friday Only	3/30/12	\$150.00	\$ _____

<input type="checkbox"/> Non-Member	<input type="checkbox"/> Full Convention	3/29-30/12	\$325.00	\$ _____
	<input type="checkbox"/> Thursday Only	3/29/12	\$235.00	\$ _____
	<input type="checkbox"/> Friday Only	3/30/12	\$195.00	\$ _____

<input type="checkbox"/> Retiree	<input type="checkbox"/> Full Convention	3/29-30/12	\$125.00	\$ _____
	<input type="checkbox"/> Thursday Only	3/29/12	\$ 85.00	\$ _____
	<input type="checkbox"/> Friday Only	3/30/12	\$ 65.00	\$ _____

<input type="checkbox"/> Student**	<input type="checkbox"/> Full Convention	3/29-30/12	\$ 75.00	\$ _____
	<input type="checkbox"/> Thursday Only	3/29/12	\$ 65.00	\$ _____
	<input type="checkbox"/> Friday Only	3/30/12	\$ 50.00	\$ _____

TOTAL FEES: \$ _____

CHECK ENCLOSED--Payable to: "NJLN" MAIL TO: NJLN, P.O. Box 165, Garwood, NJ 07027
FAX TO: 908-789-0727

CREDIT CARD PAYMENT-- VISA MC AMEX

Card #: _____ Exp. Date: _____ Sec. Code: _____

Authorized Signature: _____

Billing Address: _____