

An Evidence-Based Practice ToolKit for Bedside Nurses Evidence-Based Practice/Nursing Research Conference Registration Form

CONTACT INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____
Credentials: _____ **Title:** _____
Employer: _____ **Department:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Work Phone: _____ **Home Phone:** _____
Work Fax: _____ **E-mail:** _____

REGISTRATION FEE

Conference Registration Fee: \$75.00
Student Registration Fee: \$55.00

METHOD OF PAYMENT

Check/Money Order #: _____ (payable to: WellStar)
 MasterCard VISA American Express Discover
Credit Card #: _____ Exp. Date: _____
Name on Card: _____
Credit Card billing address if different from above: _____

THREE WAYS TO REGISTER

Phone: Call 770-956-STAR (7827)
E-mail: Download conference registration form at www.wellstar.org/nursingresearchconference and email completed registration form to 956STAR@wellstar.org. Enclose payment information.
Mail: Send completed registration form and payment to:
956-STAR
WellStar Development Center
2000 South Park Place
Atlanta, Georgia 30339

For a list of hotels near the conference center go to www.wellstar.org/nursingresearchconference

CANCELLATION

All cancellations and participant substitutions must be received in writing. For cancellations postmarked prior to September 1, 2009, participants may receive a full refund, less a \$35.00 administration fee. No refunds after September 1, 2009, but your registration may be transferred to a colleague. Please call 770-956-STAR (7827) to transfer your registration.