

VCNP 2010 ANNUAL CONFERENCE REGISTRATION

ONLINE REGISTRATION IS AVAILABLE AT www.VCNP.net

Incomplete forms will be returned. Fax the front and back page of this COMPLETED form to (804) 282-0090.

(PLEASE PRINT)

Name: _____ Credentials (ex. RN, MSN, etc.): _____
 Mailing Address: _____ Practice Setting: _____
 City/State/Zip: _____
 Telephone: _____ Fax: _____
 Email: (MOST IMPORTANT) _____ Membership #: _____

Registration and Refund Policy

STUDENTS — Those registering as STUDENTS must include a copy of a student ID or class schedule to verify full time status.

REFUNDS/SUBSTITUTIONS — Refund requests must be submitted in writing and received by 2/5/10. A \$25 administrative fee will be deducted from such requests. No refunds will be made after 2/5/10. Refunds will be determined by date written cancellation is received. Registration fee includes coffee breaks, continental breakfast and planned lunch.

Please mark all choices carefully (Circle appropriate amounts, check appropriate boxes and fill in blanks) and be sure to total choices at the far right hand column and bottom of form.

CONFERENCE REGISTRATION — YOU MAY PREFER TO REGISTER ONLINE AT WWW.VCNP.NET

	Member	Non-member	Student	
<input type="checkbox"/> Entire Conference Fee 3/4 – 3/7	\$400	\$550	\$225	= \$ _____
<input type="checkbox"/> One Day Fee <input type="checkbox"/> 3/5 <input type="checkbox"/> 3/6 <input type="checkbox"/> 3/7	\$250	\$310	\$100	= \$ _____
<i>One day registration is good for one day only. Please indicate which day you are requesting.</i>				
<input type="checkbox"/> Opening Dessert Reception with Exhibitors – Thursday, March 4				= \$ _____
<input type="checkbox"/> Continental Breakfast with Exhibitors – Friday, March 5				= \$ _____
<input type="checkbox"/> Continental Breakfast with Speakers – Saturday, March 6				= \$ _____
<input type="checkbox"/> Continental Breakfast – Sunday, March 7				= \$ _____
<input type="checkbox"/> Luncheon – Friday, March 5 <i>(Subject to change based on sponsorship)</i>				= \$ _____
<input type="checkbox"/> Luncheon – Saturday, March 6				= \$ _____

Do you require Vegetarian Meals?
 Kosher Meals?
 Are you a first time attendee?
 Yes No

Registration Total = \$ _____

Workshop Total = \$ _____

TOTAL DUE = \$ _____

PRE-CONFERENCE WORKSHOP REGISTRATION

Complete the reverse side of this form and enter your **Thursday, March 4, 2010 Workshop Total** to the right. ►

How did you hear about the Annual Conference? Poster Website Postcard Other _____

METHOD OF PAYMENT

Make checks (US currency) payable to: Virginia Council of Nurse Practitioners

Credit Card Payment: VISA MasterCard

Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

If you do not receive a confirmation letter from the VCNP office within 30 days of submitting your registration form, please call the office to confirm that your registration material has been received.

Virginia Council of Nurse Practitioners

2209 Dickens Road, Richmond, VA 23230-2005

Phone: (804) 565-6360 • Fax: (804) 282-0090 • vcnp@vcnp.net

Deposit Check Rec'd NP: _____

Date: _____ Check #: _____

SESSION REGISTRATION

Sessions are available on a first come, first served basis. Please indicate your selections as a first, second and third choice to the left of each title. If all of your choices are sold out, you will receive an e-mail notification from the VCNP office presenting you with other options. Please enter the total amount due (where applicable) for your selections on the other side of this page.

- SPACE IS LIMITED -

THURSDAY – MARCH 4, 2010

Please indicate your first, second and third choices below.

12:30 pm - 4:30 pm Pre-conference Workshops (includes 30 minute break)

CHOICE	WORKSHOP & FEE	FEE	AMOUNT
<input type="checkbox"/> 12 Lead EKG Interpretation		\$100	_____
<input type="checkbox"/> Common Office Procedures (includes supplies) (Limited to 40 participants).....		\$140	SOLD OUT
<input type="checkbox"/> Injection Techniques* (Limited to 25 participants)		\$140	_____
<input type="checkbox"/> Pharmacology: New Drug Updates		\$100	_____
<input type="checkbox"/> Black, White and Needs to be Read - Chest X-ray Interpretation		\$100	_____

* The following book is required for this workshop and the cost is included in the registration fee. *Injection Techniques in Orthopaedics and Sports Medicine* with CD-Rom. A Practical Manual for Doctors and Physiotherapists by Stephanie Saunders, FCSP, FSOM and Steve Longworth. ISBN 0-443-07498-4

PLEASE ENTER YOUR PRE-CONFERENCE WORKSHOP TOTAL ON THE FRONT OF THIS FORM TOTAL DUE \$ _____

FRIDAY – MARCH 5, 2010

11:00 am - 12:15 pm Breakout Sessions (Please indicate your first, second and third choices below.)

- Contraception for Young Women: Myths and Controversies
- A NP's Guide to Childhood Obesity: A Roadmap to Health
- Evaluation and Management of Patient's with Chest Syndromes in the Emergency Department
- Substance Abuse/Addiction in Primary Care: Latest in Treatment Options
- SOLD OUT** CKD: When to Call Nephrology

4:00 pm - 5:15 pm Breakout Sessions (Please indicate your first, second and third choices below.)

- Primary Ovarian Insufficiency
- Understanding Teen Health Laws in Primary Care
- SOLD OUT** Pulmonary Hypertension: The Other High Blood Pressure
- SOLD OUT** Prescribing Psychopharmacotherapeutic Medications in Primary Care
- SOLD OUT** Inflammatory Joint Diseases

SATURDAY – MARCH 6, 2010

2:15 pm - 3:30 pm Breakout Sessions (Please indicate your first, second and third choices below.)

- Endocrinopathies in Pregnancy
- Nuggets of Important Information for Behavioral Pediatrics
- SOLD OUT** Shedding a Little Light on Lyles
- SOLD OUT** Chronic Pain Management
- Sexuality and the Senior

3:45 pm - 5:00 pm Breakout Sessions (Please indicate your first, second and third choices below.)

- SOLD OUT** Women's Sexual Health: Addressing Low Libido
- Childhood Diabetes
- Recognizing and Managing Delirium in Older Adults
- Unraveling a Mystery: Evidence-Based Diagnosis and Treatment of Fibromyalgia
- Men's Health Issues: Prostate Cancer, BPH, ED

Your Name (please print) _____ Email _____