



2009 ENA SCIENTIFIC ASSEMBLY REGISTRATION FORM

Precessions: October 7–8, 2009

ENA Scientific Assembly: October 8–10, 2009

Baltimore, MD

Register today using one of these three easy methods

page 1 of 2

Fax: 708/344-4444

Online: www.ena.org

Mail: 2009 ENA Scientific Assembly
P.O. Box 614
Brookfield, IL 60513

Contact Information please print or type legibly

Date _____ ENA Member _____ ID number _____ NSNA Member _____ ID number _____

Ms. Mrs. Mr. Dr.

First Name _____ Middle Initial _____ Last Name _____

Credentials _____ Advanced Practice Nurse Credentials*:
(This information is required to be eligible to register for the Center for Advanced Practice Learning programs; or include letter from your nursing school indicating current enrollment in graduate nursing program as CNS or NP.)

First Name for Badge (optional) _____ Job Title _____

Employer _____

Employer Address _____

Daytime Phone (____) _____ Fax (____) _____

E-mail Address _____

This is my first time attending the ENA Scientific Assembly.

Step 1 Registration Fees

You must be a current member of the Emergency Nurses Association (ENA) to be eligible for ENA Member fees. Special fees are extended for members of the National Student Nurses Association (NSNA). Nonmembers: To qualify for Member registration fees, complete the membership application on page 28 and submit with this form.

To register for the Center for Advanced Practice Learning, go directly to Step 2.

| | | | |
|--|-------------|--------------------|--|
| <i>Three-day Fees Postmarked: Before 8/19/09 After 8/19/09</i> | | <i>One-day Fee</i> | <i>(Please indicate day — <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday)</i> |
| 1. ENA Member | \$405 \$475 | 4. Member | \$185 |
| 2. NSNA Member | \$150 \$215 | 5. Nonmember | \$285 |
| 3. Nonmember | \$540 \$605 | | |

Step 1 Total \$ _____

Step 2 Center for Advanced Practice Learning Registration (CAPL) – Limited to 100 participants. Includes Three-day Scientific Assembly registration fee.

CAPL Prerequisite: Minimum of master's degree (MSN or MS). You must also be a Nurse Practitioner or Clinical Nurse Specialist, or be currently enrolled in a graduate nursing program. A letter on school letterhead documenting current enrollment must be submitted with registration. (Note: You must meet these requirements prior to registration.)

Three-day Fees Postmarked: Before 8/19/09 After 8/19/09

| | |
|---------------|-------------|
| 6. ENA Member | \$495 \$630 |
| 7. Nonmember | \$630 \$765 |

Step 2 Total \$ _____

Step 3 Guest Registration

Please refer to Guest Registration information on page 32 for details. Please list guests' first and last names.

1) _____

2) _____

Guest Fees: \$75 per guest

Step 3 Total \$ _____

Name: _____

Step 4 Preessions **Step 4 Total** \$ _____

- 080-C CEN Review
Wednesday, October 7, 8:00 a.m. – 6:00 p.m. (\$205 member, \$320 nonmember; limited seating available.)
- 081-C CPEN Review
Wednesday, October 7, 8:00 a.m. – 6:00 p.m. (\$205 member, \$320 nonmember; limited seating available.)
- 090-C "Do No Harm": Best ED Practices For Children Who Have Been Sexually Abused
Thursday, October 8, 8:00 a.m. – 11:00 a.m. (\$95 member, \$155 nonmember; limited seating available.)
- 091-C Frustration or Standing Ovation? How to Present Like a Pro
Thursday, October 8, 8:00 a.m. – 11:00 a.m. (\$95 member, \$155 nonmember; limited seating available.)

Step 5 Special Events **Step 5 Total** \$ _____

Please check the box next to all of the following events you plan to attend. **Tickets will only be available for those events checked off.**

Wednesday, October 7

- 070-C Anita Dorr, RN, FAEN, Memorial Lecture and Luncheon (\$40 fee)
- 2009 ENA President's Party and ENA Foundation Fundraiser (\$65 fee; limited space available)

Thursday, October 8

- 2009 ENA Opening Reception (No fee for full or guest registrants)

Friday, October 9

- Clinical Site Visits: R Adams Cowley Shock Trauma Center (\$30 fee)
 Sinai Hospital Department of Emergency Medicine (ER-7) (\$30 fee)

- The National Aquarium an ENA Foundation Activity (\$15 fee)

Saturday, October 10

- BCEN® Certification Recognition Breakfast (\$25 fee)
- Stryker Farewell Matinee (No fee)

Step 6 Liability Waiver and Emergency Contact Information

Please read and sign. I agree and acknowledge that I am undertaking participation in ENA events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ENA events and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

Signature _____ Date _____

Emergency Contact Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Step 7 Fee Calculation

Prepayment (U.S. funds) is required. ENA accepts checks, money orders, Visa, MasterCard, Discover, American Express. Sorry, no purchase orders. Checks will be processed electronically. If you do not want your check converted electronically, please select another method of payment.

- Step 1: Registration Fees \$ _____
- Step 3: Guest Registration \$ _____
- Step 4: Preessions (non-refundable) \$ _____
- Step 5: Special Events (non-refundable) \$ _____
- ENA Membership Fee (Complete the application on page 27 and submit with this form.) \$ _____
- ENA Foundation Donation (tax deductible) \$ _____

Step 7 Total Fees Due \$ _____

- Check or money order enclosed (payable to ENA in U.S. funds)
- VISA MasterCard Discover American Express

Account No. _____ Exp. Date _____

Name as it Appears on Card _____

Authorized Signature** _____

Billing Address of Credit Card if different than address on front of form (include ZIP Code)

** Signature authorizes ENA to charge above account. Should the total be incorrect, ENA is authorized to charge correct amount due.

Step 8 Tell ENA About You – Please circle your responses

- A. Gender:**
 1. Male
 2. Female
- B. When were you born?**
 1. Prior to 1945
 2. 1946 – 1964
 3. 1965 – 1975
 4. After 1975
- C. Which title best describes your current position?**
 1. Chief Nurse Executive
 2. Nurse Manager/Director
 3. Coordinator/Charge Nurse
 4. Trauma Coordinator
 5. Nurse Practitioner/Clinical Nurse Specialist
 6. Staff RN
 7. Staff LPN
 8. Educator/Staff Development
 9. Hospital Administrator
 10. Faculty
 11. Physician
 12. Consultant
 13. Inactive/Retired
 14. EMT/Paramedic
 15. Transport Nurse
 16. Other: _____
- D. Total years in emergency nursing:**
 1. 0 – 2 years
 2. 3 – 5 years
 3. 6 – 10 years
 4. 11 – 15 years
 5. 16 – 20 years
 6. 20+ years
 7. Not applicable
- E. Highest level of education:**
 1. Associate Degree
 2. Diploma
 3. Bachelors
 4. Masters
 5. Doctorate
 6. Other: _____
- F. Which best describes your area of practice:**
 1. Adult/Pediatrics ED
 2. Pediatrics ED
 3. Prehospital
 4. Quality/Risk Management
 5. Transport Nursing
 6. Critical Care Unit
 7. Ambulatory Care/Free Standing Care Center
 8. Occupational Health
 9. Academia/Education
 10. Administration
 11. Other: _____
- G. Number of ED visits to your institution per year:**
 1. 0 – 20,000
 2. 20,001 – 40,000
 3. 40,001 – 60,000
 4. 60,001 – 100,000
 5. 100,001+
- H. Do you plan to collect product/service information from exhibitors to bring back to your institution?**
 1. Yes
 2. No
- I. Do you provide exhibitors with information about: (circle all that apply)**
 1. Your current products/services
 2. Your needs for products/services
 3. Trends in emergency health care
 4. Contact persons at your institution
- J. Do you participate in clinical evaluations of products, equipment or services?**
 1. Yes
 2. No
- K. Do you recommend products and/or suppliers to your institution?**
 1. Yes
 2. No
- L. What is the MOST important factor in your decision to attend this meeting?**
 1. Overall program content
 2. Keynote speakers
 3. Networking opportunities
 4. Opportunity to speak with vendors
 5. Location
 6. Cost
- M. How did you receive information on this meeting?**
 1. Advance Program in *Connection*
 2. Advance Program in *JEN*
 3. Advance Program mailed directly to my attention
 4. Other direct mail
 5. Director/Manager forwarded to my attention
 6. ENA Web Site
 7. ENA NewsBytes or other email communication
 8. Friend/Acquaintance
- N. How far in advance did you plan to attend this meeting?**
 1. Less than 3 months
 2. 3 months
 3. 6 months
 4. 12 months
 5. 18 months or more
- O. Check here if you choose to "opt in" and receive exhibitor information.**

PLEASE NOTE: On occasion, an ENA photographer may take photos of participants at ENA's 2009 Annual Conference, or of people participating in Annual Conference functions or activities. Please be aware that these photos are for ENA use only and may appear in ENA's conference programs, catalogs, brochures, *ENA Connection*, *Journal of Emergency Nursing*, on ENA's Web site, in other ENA materials, or as part of ENA's media outreach efforts. Your attendance constitutes your permission and consent for this photography.