

2009 ENA Scientific Assembly Nurse Exhibitor Registration Form

October 8-10, 2009

Baltimore Convention Center

Baltimore, Maryland

How to Register

This is a two-page registration form. To avoid delays in processing your registration, please type or print clearly, complete and submit both pages, and include payment information. Use a separate form for each registrant; duplicate if necessary.

The courses are on a first-come, first-serve basis on-site, allowing all participants an equal opportunity to attend the courses of their choice.

For questions about registration, please call 847/460-4077.

Please Note: Only one Nurse Exhibitor Registration is allowed per 10'x10' Booth.

Registration Deadline: September 23, 2009

Your registration form must be received by September 23, 2009.

Sorry no refunds or cancellations postmarked after September 23, 2009.

Register By:

Online — www.ena.org

Fax — 708/344-4444

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

Contact Information please print or type legibly

Date _____

ENA Member Number _____

Are you an EN CARE provider? Yes No

Ms. Mrs. Mr. Dr.

First Name _____ Middle Initial _____ Last Name _____

Credentials _____ First Name for Badge (optional) _____

Job Title _____

Employer _____

Employer City/State _____

Mailing Address (Home or Work) _____

City/State/ZIP/Country _____

Daytime Phone (____) _____ Fax (____) _____ E-mail Address _____

This is my first time attending ENA Scientific Assembly.

Emergency Contact Information _____
name relationship (____) (____) daytime phone evening phone

Registration Fee

The Nurse Exhibitor fee is \$250 plus any applicable fees. To qualify for this special fee, you must currently be a full-time employee of a company exhibiting at the 2009 ENA Scientific Assembly and be approved by ENA Exhibit Services. The Nurse Exhibitor fee includes:

- ▲ Unlimited non-fee course selection
- ▲ Scientific Assembly Program

Sorry, no food or event tickets are included.

This is a two-page registration form. To avoid delays in the processing of your registration, please type or print clearly, complete and submit both pages, and include payment information. You must provide credit card information or attach a check or money order payable to the Emergency Nurses Association.

▲ Sorry, online registration is NOT available.

▲ Use a separate form for each registrant; duplicate if necessary.

The courses are on a first-come, first-serve basis on-site, allowing all participants an equal opportunity to attend the courses of their choice.

Sorry no refunds or cancellations postmarked after September 23, 2009.

Fee Calculation

Prepayment (U.S. funds) is required.

ENA accepts checks, money orders, Visa, MasterCard, Discover, American Express. Sorry, no purchase orders.

Step 1 – Registration Fees \$ _____

ENA Foundation Donation (tax deductible) \$ _____

Total \$ _____

Check or money order enclosed (payable to ENA)

VISA MasterCard Discover American Express

Exp. Date _____

Account No. _____

Name as it Appears on Card _____

Authorized Signature** _____

** Signature authorizes ENA to charge above account.

Should the total be incorrect, ENA is authorized to charge correct amount due.

Note: Only one Nurse Exhibitor per 10'x10' Booth.

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 _____

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.

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