

**Registrant Information:** Title:  Ms.  Mrs.  Mr.  Dr.  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Suffix/Degrees (i.e. RN, PhD): \_\_\_\_\_ City, State (for badge): \_\_\_\_\_  
 Professional Category:  RN  NP  CNS  CDE  EP  RD  
 PharmD  PA  MD  Corporate Rep.  Other  
 Employer: \_\_\_\_\_  
 Address:  Work  Home \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ **Email (required for confirmation):** \_\_\_\_\_  
 Gender (optional):  Female  Male  
 Race/Ethnicity (optional):  African-American  Asian  Caucasian  Hispanic  Indian  Other

### 3 Easy Ways to Register!

- ❶ **Online:** [www.pcna.net](http://www.pcna.net)
- ❷ **Fax:** (608) 250-2410
- ❸ **Mail:** PCNA  
613 Williamson St, Ste 200  
Madison, WI 53703

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Needs:** Please use the space below to list any physical limitations, dietary restrictions, food or drug allergies, special needs, and/or any additional information that may be of use to emergency medical personnel in the event that they must care for you. This will be kept strictly confidential.

### Practice Setting:

- Hospital  University  VA  HMO  
*Inpatient:*  AcuteCare  StepDown/TelemetryUnit  CathLab  
 CardiacRehab  Research  Teaching  Other  
*Outpatient:*  PreventiveCardiology  HeartFailure  CVRiskReduction  
 CardiacRehab  Research  Teaching  Other  
 Public Health  
 Free-Standing Cardiac Rehab Clinic  
 Physician Practice:  Cardiology  InternalMedicine  Pediatrics  
 Endocrinology  Women'sHealth  PrimaryCare/FamilyMedicine  
 Self-Employed  
 Other: \_\_\_\_\_

### How did you hear about PCNA?

- Symposium brochure mailing: if you have a 3-digit code, enter it here \_\_\_\_\_  
 PCNA member  
 Colleague  
 Journal of Cardiovascular Nursing  
 PCNA Pocket Guide: National Guidelines & Tools for CV Risk Reduction  
 PCNA Chapter Meeting  
 PCNA website  
 Educational conference (please specify): \_\_\_\_\_  
 Other website (please specify): \_\_\_\_\_  
 Other: \_\_\_\_\_

### What do you find most valuable among PCNA products & services?

- Reduced Symposium Registration  CE Opportunities  News Updates  
 PCNA Clinical Tools  Journal of Cardiovascular Nursing  Networking  
 Chapter Membership  Leadership opportunities  Other: \_\_\_\_\_

### Badge Ribbon:

(choose one to wear at the receptions)

- BOOK WORM
- CELEBRATE DIVERSITY
- DANCING QUEEN
- DIVA
- FITNESS BUFF
- GARDENER
- GO GREEN
- GRANDMA
- GRANDPA
- HABLO ESPAÑOL
- HEALTH NUT
- HIPPIY CHICK
- IT'S A BOY
- IT'S A GIRL
- JUST MARRIED
- LATE BLOOMER
- MOVIE BUFF
- NURSE CHAMPION
- OUTDOORSY
- PARLE FRANÇAIS
- PARTY CRASHER
- ROCK STAR
- RUNNER
- SOCIAL BUTTERFLY
- WORLD TRAVELER

**Concurrent Sessions (Friday Afternoon - Select Three\*)**

Please select three if you are attending the full conference or Friday's sessions:

- 1. CV Pharmacology Update: Focus on Interactions & Safety  
(This counts as 2 sessions. Please choose only one additional concurrent session)\*
- 2. Interventional Updates from the Cardiovascular Lab
- 3. Complex Cases in Dyslipidemia
- 4. Translating Statistical Evidence into Clinical Practice
- 5. Assessing Cognitive Impairment in Patients with CVD
- 6. Lifestyle Counseling in 10 Minutes or Less

 **Spouse/Guest Pass \$45**

 PCNA registrants may purchase a guest pass, which allows entrance into the exhibit hall only. Spouse/guest passes must be purchased in advance; no on-site sales.  
*Note: exhibit hall entry is already included in the registration fee for attendees.*

Guest Name: \_\_\_\_\_

City, State: \_\_\_\_\_

 Does your guest agree to the standard release below? (required)  Yes  No

**Full Conference Registration:**
**By February 15**

- PCNA Member Registration \$249
- New/Renewing Member Registration \$324  
(includes \$75 annual membership dues)
- New/Renewing Student Registration \$299  
(includes \$50 annual dues; proof of student enrollment status required)
- Non-Member Registration \$399

**Single Day Registration: Choose only 1 day**

- Thursday, April 12 \$129
- Friday, April 13 \$129
- Saturday, April 14 \$129
- PCNA Membership (optional) \$75

**Meal Events RSVP:**

Please select the meal events you will attend. Advance registration required.

**Thursday, April 12**

- Breakfast Program
- Product Theater Lunch
- Welcome Reception
- Product Theater Dinner

**Friday, April 13**

- Breakfast Program
- Product Theater Break
- Product Theater Lunch
- Product Theater Dinner

**Saturday, April 14**

- Breakfast Program

**Continuing Education Credit:**

Professional License: \_\_\_\_\_

Full Name: \_\_\_\_\_

License Number: \_\_\_\_\_

State: \_\_\_\_\_

**Payment:**  Check  Credit Card (Visa, MC, AMEX)

Total Payment: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Faxed and Mailed Registrations:** Completed registration forms (including payment) that are received by fax and mail will be processed within ten business days of receipt, after which a confirmation email will be sent to each registrant. Registration forms that are missing payment will not be processed. It is the responsibility of the registrant to follow up with PCNA if confirmation has not been received.

**Registration Refund Policy:** Cancellations & refunds, less a \$50 processing fee, will be granted up to two weeks prior to the Symposium.

**Standard Release** (required for all attendees/registrants and guests): By registering for this Event, the PCNA Annual Symposium, I agree and acknowledge that I am participating on my own accord. I give this acknowledgement freely and knowingly and I represent and warrant that I am physically and mentally fit and that, as a result, am able to participate, and do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against PCNA and its respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event. I further agree to indemnify, defend, and hold harmless the PCNA and their respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event. I understand that this event will be photographed and video recorded and I give my consent for PCNA to reproduce and distribute these photographs and recordings in whole or in part and in any and all forms as may be chosen by PCNA, without a right to proceeds derived from such distribution.


**Do you agree to the PCNA Standard Release? (Yes Required)**  Yes  No