

ABNS Fall Conference Registration Form
October 4-6, 2018, Sheraton O'Hare Hotel, Rosemont, IL

Please submit 1 (one) registration form per each meeting attendee.

Name: _____ Credentials: _____
Title: _____ Organization/Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____ Work Phone: _____
Email (for confirmation and meeting update emails): _____
Emergency Contact (Name/Phone): _____
Dietary Restrictions: _____

#1: Conference Registration - Required (check only 1)

- Regular or Affiliate Member (first or second attendee): _____ \$450
- Regular or Affiliate Member (additional attendee(s) after 2): _____ \$400
- Auditor (individuals whose organizations are not ABNS members): _____ \$600

#2: Sponsorship Opportunities - Optional

For sponsorship opportunities contact Robert Ranieri, ABNS at 205-795-7127 or email abns@nursingcertification.org. Check all that apply:

- Breakfast (Friday or Saturday): _____ \$3,000
- Lunch (Friday): _____ \$4,200
- Afternoon Break (Friday): _____ \$2,000
- Morning Break (Saturday): _____ \$2,000
- Opening Reception: _____ \$4,200

#3: Total Amount Due (1 + 2): _____ \$ _____

Method of Payment

Make check payable to ABNS, 3416 Primm Lane, Birmingham, AL 35216.

Cancellation Policy

Refunds due to cancellation will be processed as follows:

- Through September 12: 90% of registration fees.
- Beginning September 13: No refund due to cancellation.

Tentative Conference Agenda

Time	Thursday, October 4	Room
9am - 5pm	Accreditation Board for Specialty Nursing Certification, Inc. Meeting (for elected Board members)	
Time	Friday, October 5	Room
7:45am - 9am	CONTINENTAL BREAKFAST	
8am - 9am	<i>Accreditation Overview and Q & A by ABSNC Board of Directors</i>	
9am - 10:30am	<i>ABNS Assembly Meeting</i>	
10:30am - 12noon	<i>Morning Sessions</i>	
12noon - 1:30pm	LUNCH	
3:30pm - 5pm	<i>Afternoon Sessions</i>	
5pm	RECESS	
5:30pm - 6:30pm	WELCOME RECEPTION	
Time	Saturday, October 6	Room
7:30am - 8:30am	CONTINENTAL BREAKFAST	
8:30am	RECONVENE	
8:30am - 12noon	<i>Morning Sessions</i>	
12noon	ADJOURN	

Venue

Sheraton O'Hare Hotel
6501 Mannheim Road
Rosemont, Illinois

Parking

Complimentary Parking in adjacent parking garage - hotel parking \$20/night

Guest Reservations and Room Rates

Contact the hotel at 847-699-6300 and mention the ABNS Fall Conference to receive the following group rates:

- o \$149 per night Single/Double
- o \$164 per night Triple, \$179 per night Quad
- o Rates do not include applicable state and local taxes, currently 14%

The group rate is available until 5pm central time on Wednesday, September 12, 2018 or when rooms sell out. All reservations must be guaranteed by a credit card. Reservation requests received after the cut-off date will be based on availability at the hotel's prevailing rates.

Airport

Chicago O'Hare Airport