Louisiana Association of Nurse Practitioners

2015 Primary Care Conference Registration

REGISTRANT INFORMATION

Last name:	First:	Middle:

Name as you would like it to appear on your certificate	**Birth date**	**Sex** (please circle)
		Male Female

Preferred Mailing Address:

Work Phone	**Home Phone**	**Cell Phone**

Professional Title	**Email Address**

□ Check box if you allow us to release your email address to exhibitors.

EDUCATIONAL INFORMATION

Highest Degree Earned		**Name of School**	**City/State**
□ Doctorate □ Master's □ Bachelor's	□ Associate's □ Diploma		

Years in Nursing	**LANP Region**

PROFESSIONAL INFORMATION

NP Certification Organization (circle all that apply)

AANPCP ANCC NCC ONCC PNCB

Do you serve as a preceptor? (please circle)

Yes No

NP Specialty (First specify one primary, then check all additional secondary specialties)

Primary	**Secondary**	**Primary**	**Secondary**
□	□ Acute Care	□	□ Oncology
□	□ Adult	□	□ Pediatric
□	□ Family	□	□ Psychiatric/Mental Health
□	□ Gerontological		
□	□ Neonatal	□	□ Women's Health

Other APN: CAN CNM CNS

Clinical Subspecialty (check all that apply)

□ Allergy/Immunology	□ Nephrology	□ Rheumatology
□ Cardiovascular	□ Neurology	□ School Health
□ Complementary	□ Occupational Health	□ Sleep Medicine
□ Dermatology	□ Oncology	□ Sports Medicine
□ Emergency	□ Orthopedics	□ Urology
□ Endocrinology	□ Otolaryngology	□ Wound Care
□ Gastroenterology	□ Pain Management	□ Other
□ HIV/AIDS	□ Palliative	
□ Infectious Disease	□ Respiratory/Pulmonology	

NP Practice Setting (check all that apply)

□ College Health	□ Migrant Health Care
□ Community Based Primary Care	□ Military/DoD
□ Correctional/Prison Facility	□ Private NP Practice
□ Emergency Room/Urgent Care	□ Private Physician Practice
□ Employee/Occupational Health	□ Psychiatric/Mental Health Facility
□ Health Department	□ Rehabilitation Facility
□ Home Health Care	□ Retail Based Clinic
□ Hospice/Palliative Care	□ Rural Health Clinic
□ Hospital Critical Care	□ Rural Health Other
□ Hospital Inpatient Care	□ School Health
□ Hospital Outpatient Care	□ VA Facility
□ Indian Health Service	□ None
□ Long-Term Care Facility	□ Other _____
□ Managed Care	

Type of Practice Rolls Performed

Administration Clinical Practice Faculty Research

Are you actively practicing as an NP?

□ Yes
□ No, currently looking for an NP position
□ No, retired – last year practiced as an NP_____
□ No, other – last year practiced as an NP _____

Salary Range

□ < $70,000	□ $91,000-95,000
□ $71,000-75,000	□ $96,000-100,000
□ $76,000-80,000	□ $101,000-105,000
□ $81,000-85,000	□ >$105,000
□ $86,000-90,000	

ADDITIONAL INFORMATION (circle as applicable)

How many times per week do you consult with your collaborating physician?

_____

Accept Medicare? Yes No

% of Medicare Pts.: _____

Accept Medicaid? Yes No

% of Medicaid Pts.: _____

% of uninsured Pts.: _____

Are you interested in volunteering during the conference? Yes No

$50 of my registration fee may be donated to the PAC fund. I understand that I am NOT paying an additional fee for registration. Yes No

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CONFERENCE SESSIONS SELECTION

Please write the entire session number for your preferred selections. Where applicable, indicate your 1st, 2nd and 3rd choice. No selection is guaranteed. If no selections are provided, conference staff will not register you. Please Note: During a timeframe, you can register to attend only one session.

SOME WORKSHOPS REQUIRE ADDITIONAL FEES. Please print legibly.

THURSDAY, OCTOBER 8, 2015

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
8:00 AM - 12:00 PM – MORNING WORKSHOPS	_____	_____	_____
1:30 PM - 5:30 PM - AFTERNOON WORKSHOPS	_____	_____	_____

FRIDAY, OCTOBER 9, 2015

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
8:00 AM - 10:00 AM – MORNING WORKSHOPS			
9:00 AM - 10:00 AM – 1ST BREAKOUT SESSION (A)			
10:10 AM - 12:10 AM – MORNING WORKSHOPS			
10:10 AM - 11:10 AM – 2ND BREAKOUT SESSION (B)			
11:15 AM - 12:30 PM – POSTER PRESENTATIONS			
1:15 PM - 2:15 PM – GENERAL SESSION			
1:15 PM - 2:15 PM – AFTERNOON WORKSHOPS			
2:25 PM - 3:25 PM – 3RD BREAKOUT SESSION (C)			
3:35 PM - 4:35 PM – 4TH BREAKOUT SESSION (D)			
5:10 PM - 6:10 PM – 5TH BREAKOUT SESSION (E)			

SATURDAY, OCTOBER 10, 2015

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
8:00 AM - 9:00 AM - GENERAL SESSION			
9:10 AM - 11:10 AM - MORNING WORKSHOPS			
9:10 AM - 10:10 AM – 1ST BREAKOUT SESSION (F)			
10:20 AM - 11:20 AM – 2ND BREAKOUT SESSION (G)			
11:20 AM - 12:20 PM – POSTER PRESENTATIONS			
1:40 PM - 3:40 PM – AFTERNOON WORKSHOPS			
1:40 PM - 2:40 PM – 3RD BREAKOUT SESSION (H)			
3:00 PM - 4:00 PM – 4TH BREAKOUT SESSION (I)			
4:10 PM - 5:10 PM – 5TH BREAKOUT SESSION (J)			

SUNDAY, OCTOBER 11, 2015

	1st CHOICE	*2ND CHOICE*	*3RD CHOICE*
9:00 AM - 11:00 AM – MORNING WORKSHOPS			
9:00 AM - 10:00 AM – 1ST BREAKOUT SESSION (K)			
10:10 AM - 11:10 AM – 2ND BREAKOUT SESSION (L)			

Louisiana Association of Nurse Practitioners

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	NP Member		Student Member		NP Non-Members		Student Non-Members	
	Until August 24th, 2014	Regular	Until August 24th, 2014	Regular	Until August 24th, 2014	Regular	Until August 24th, 2014	Regular
Full Conference	$395	$475	$100	$150	$545	$625	$200	$250
Friday Only	$200	$250	$80	$100	$260	$325	$100	$125
Saturday Only	$200	$250	$80	$100	$260	$325	$100	$125
Sunday Only	$120	$150	$60	$75	$200	$250	$80	$100

SUBTOTAL REGISTRATION FEE:

Workshops With Additional Fees

- □ **Office Procedures** (TW.01) $100
- □ **GYN Workshop** (TW.02) $100
- □ **Radiology Fundamentals: Understanding the Chest X-Ray** (TW.03) $50
- □ **Code Smarter, Not Work Harder** (TW.04) $50
- □ **Psychiatric Medications in Primary Care** (TW.05) $50
- □ **Office Procedures** (TW.06) $100
- □ **ABC's of Chronic Pain Management: A Group Case Study** (TW.07) $50
- □ **Understanding X-Rays: Abdominal Imaging** (TW.08) $50
- □ **Code Smarter, Not Work Harder** (TW.09) $50
- □ **Nexplanon Training** (FW.12) $50
- □ **Joint Injection** (FW.13) $50
- □ **Common Dermatology Problems and Treatment Options Encountered in Primary Care** (FW.16) $50
- □ **Follow the Yellow Brick Road: Navigating New NP Paperwork** (FW.19) $25
- □ **Suturing: The Ins and Outs** (FW.20) $50
- □ **Basic Suturing** (SW.24) $50
- □ **Basic ECG** (SW.25) $50
- □ **Advanced Suturing** (SW.27) $50
- □ **Common Dermatology Problems and Treatment Options Encountered in Primary Care** (SW.30) $50
- □ **Advanced ECG** (NW.33) $50
- □ **Suturing: The Ins and Outs** (NW.34) $50
- □ **Nexplanon Training** (NW.35) $50

SUBTOTAL REGISTRATION FEE:

PAYMENT INFORMATION

Forward registration form & payment to:
Louisiana Association of Nurse Practitioners, PO Box 1359, Thibodaux, LA 70302

GRAND TOTAL DUE:

- □ Enclosed is my check payable to: Louisiana Association of Nurse Practitioners
- □ Please charge to my credit card: Visa Mastercard American Express

Card Number_____ Expiration Date_____ Billing Zip Code_____

Cardholder Name_____Signature_____
(Please print)

All cancellations require written notification to LANP at registration@lanp.org.
Refunds: Refunds on paid registrations will be issued for written cancellation requests received, via email, fax, or mail. A $50 administrative fee for NP registrants or a $25 administrative fee for a student registration will be charged for refunds.

A full refund, less administrative fee, will be issued for requests received no later than Monday, August 31, 2015.

Fifty percent (50%) of the registration fee, less the administration fee, will be issued for cancellations between September 1, 2015 and September 18, 2015.

NO Refunds will be issued after Friday, September 18, 2015.

Returned Checks: An administrative fee of $35 will be charged for all checks returned to LANP for insufficient funds.

No Shows: If you do not cancel in writing to LANP and do not attend, you still are responsible for payment.
Paid Workshop Refunds: Will be issued until September 18, 2015 for schedule changes or cancellations by registrant. Absolutely no refunds will be issued after September 18, 2015 for Workshops. No on-site refunds will be issued.

Have general conference questions or suggestions? Email us at conference@lanp.org