

Registration Form

NEPHROLOGY NEWS and UPDATES: Spring 2014

First Name: _____ (Please print)

Last Name: _____ (Please print)

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Are you certified? CNN _____ CDN _____ CCHT _____

Registration fee: Received by May 3, 2014

Registration :\$100.00

NO WALK-IN REGISTRATION

Fee Includes: continental breakfast, lunch and CNEs.

Mail completed form with your check payable to Long Island Chapter of ANNA by May 3, 2014 to:

LI Chapter of ANNA

PO Box 2174

North Babylon, NY 11703

Registration due by May 3, 2014

No refunds after May 2, 2014

Going Green

Handouts will be posted to our website 1 week prior to the meeting if available from the speakers.

www.annali122.org

Program Committee

For additional information call:

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