



National Association of Indian Nurses of America

6th Biennial Conference Registration Form

Atrium Hotel & Suites | 4600 W Airport Fwy, Irving, TX 75062

Make check payable to NAINA and mail this form and payment to IANA-NT, Inc. P.O. Box 118211, Carrollton, Texas 75011-8211

STEP 1: PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

FIRST NAME		M.I.	LAST NAME		DAY & MONTH OF BIRTH
EMAIL		MOBILE PHONE		HOME PHONE	
HOME ADDRESS			CITY	STATE	ZIP
EMERGENCY CONTACT NAME		EMERGENCY CONTACT NUMBER		RELATIONSHIP	
CHAPTER ASSOCIATION		NURSING SCHOOL/COLLEGE		ALUMNI ASSOCIATION (if applicable)	

Attention all Registrants

Registration fee covers educational sessions with conference materials, certificates, contact hours, meals, and gala night dinner for the registrant. On-site registration is available on both days.

Conference Dates/Time

OCTOBER 26, 2018 (8:00 AM – 5:00 PM)

OCTOBER 27, 2018 (8:00 AM – 5:00 PM)

Gala Night Dinner

OCTOBER 27, 2018 (6PM – 10PM)

STEP 2: CONFERENCE REGISTRATION (PAYMENT IN U.S. DOLLARS ONLY)

Category	Early Registration	Regular Registration	Late Registration	Onsite Registration		
	Before 8/31/18	9/1/18 – 9/30/18	10/1/18 – 10/24/18	10/26/18	10/27/18	Both days
Members	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 275	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$300
Non-Members	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 275	<input type="checkbox"/> \$ 300	Gala night admission not included	Gala night admission included	
Students*/Retired	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 250			
Group Registration	<input type="checkbox"/> \$ 200/person	(Deadline 8/31/18. Everyone in the group MUST register at the same time to receive the discounted rates.)				
Step 2b: Booking rooms at ATRIUM HOTEL & SUITES				# Rooms	\$\$	
Please call the hotel directly for discounted price. Use the code "NAINA conference" to avail the discount. Atrium Hotel & Suites: 4600 W Airport Fwy, Irving, TX 75062. Phone #: (972) 513-0800						
Step 2c: Optional Guest Gala night tickets						
Additional Gala Night Guest tickets		<input type="checkbox"/> \$ 35.00/ additional guest		# of additional guests		

For any special requests contact Mahesh Pillai (682) – 444 – 1066 or Dr. Jackie Michael at (214) – 707 – 0092

Cancellations, Refund & Return Check Policy: No refund for group discounted rates. For individual rates, cancellations on or before July 31, 2018 will be refunded the full amount after deduction of \$50.00 for processing fee. Cancellations from August 1 to September 30, 2018 will be refunded 50% of the paid amount. There will be no refunds after September 30, 2018. All returned checks will incur a fee of \$35.00.

Total Amount Enclosed	\$	
Signature		Date

* Nursing students working towards their first license.

All form submissions and payments should be received before indicated deadline for each category.



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GENDER		<input type="checkbox"/> Male	<input type="checkbox"/> Female	AGE RANGE		<input type="checkbox"/> <25	<input type="checkbox"/> 25-35	<input type="checkbox"/> 36-50
				<input type="checkbox"/> 51-65	<input type="checkbox"/> >65	<input type="checkbox"/> Declined		
BASIC NURSING DEGREE				ENROLLED IN HIGHER EDUCATION		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Degree	Graduation Year			If currently enrolled in higher education, specify				
School								
HIGHEST EDUCATION LEVEL		<input type="checkbox"/> Diploma	<input type="checkbox"/> ADN	<input type="checkbox"/> BS in Nursing	<input type="checkbox"/> BS in non-Nursing	<input type="checkbox"/> MS in Nursing		
<input type="checkbox"/> MS in non-Nursing		<input type="checkbox"/> DNP	<input type="checkbox"/> Doctorate in non-Nursing		<input type="checkbox"/> PhD in Nursing	<input type="checkbox"/> Other		
STATE OF LICENSURE				NATIONAL CERTIFICATION				
WORK STATUS		<input type="checkbox"/> Employed in Nursing			<input type="checkbox"/> Employed in non-Nursing		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Other		
EMPLOYER		<input type="checkbox"/> For Profit	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Other		
YEARS OF NURSING EXPERIENCE		<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	
		<input type="checkbox"/> 21-25	<input type="checkbox"/> 26-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> >50	<input type="checkbox"/> Declined	
ADVANCED PRACTICE NURSES		<input type="checkbox"/> Not Applicable			<input type="checkbox"/> Nurse Practitioner			
<input type="checkbox"/> Clinical Nurse Specialist		<input type="checkbox"/> Nurse Midwife			<input type="checkbox"/> Nurse Anesthetist			
AREA OF NURSING FOCUS/SPECIALTY								
<input type="checkbox"/> Administration		<input type="checkbox"/> Education/ Staff Development		<input type="checkbox"/> Management		<input type="checkbox"/> Psych/ Mental Health		
<input type="checkbox"/> Ambulatory Care		<input type="checkbox"/> Education/ Academia		<input type="checkbox"/> Medical Surgical		<input type="checkbox"/> Quality/Outcome Management		
<input type="checkbox"/> Case Management		<input type="checkbox"/> Geriatrics		<input type="checkbox"/> Occupational Health		<input type="checkbox"/> Rehabilitation		
<input type="checkbox"/> Critical Care		<input type="checkbox"/> Home Health Nursing		<input type="checkbox"/> Pediatrics		<input type="checkbox"/> Research		
<input type="checkbox"/> Community/ Public Health		<input type="checkbox"/> Hospice		<input type="checkbox"/> Perinatal		<input type="checkbox"/> School Nurse		
<input type="checkbox"/> Emergency		<input type="checkbox"/> Informatics		<input type="checkbox"/> Perioperative		<input type="checkbox"/> Skilled Nursing/Assisted Living		
						<input type="checkbox"/> Women's Health		
<input type="checkbox"/> Consultant (Specify)				<input type="checkbox"/> Other(Specify)				

For questions about registration please contact the registration committee at nainadallasconference@gmail.com

nainausa.com

Jackie Michael
NAINA President
(214) - 707 - 0092

Nancy Dias
NAINA Convener
(919) 724 - 5506

Hosted by
Indian American Nurses
Association of North Texas

Haridas Thankappan
IANANT President
(214) 908 - 5686

Mahesh Pillai
IANANT Conference Convener
(682) 444 - 1066



Pauline Alookaran
NAINA Treasurer
(813) 449 - 3870

Mary Abraham
IANANT Registration Committee Chair
(469) 348 - 4726

ianant.nursingnetwork.com

PAYMENT SUMMARY (OFFICIAL USE ONLY)

Reg # _____ Registration Fee \$ _____ Paid in Full Cash Personal Check Receipt Given

Name of Registrant _____ Signature _____ Date _____

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