

2017 CONFERENCE REGISTRATION FORM - New Orleans, Louisiana

Direct Link to Register online: <https://p11.secure.hostingprod.com/@tcns.org/ssl/ConfSignUp.php>

Are you presenting at the conference? NO / YES Oral / Poster

Please PRINT / TYPE your name, credentials (if desired), organization, city and state for conference name tag

Name: _____

Organization: _____

City & State: _____

Home Address: _____

City/State/Zip Code: _____

Email Address: (required): _____

This will be the primary form of contact

Please check here if you **DO NOT** want your name, organization, city and state included on the participant list that will be made available to all conference attendees.

Please circle all that apply:

Full Conference Fees

(Includes Welcome Reception, Thursday, Friday, Saturday breakfasts)

Registration Postmarked:	On or Before Aug. 15	After Aug.15 to Oct. 1	After Oct. 1 and On-site
TCNS Member	\$ 450	\$ 475	\$ 500
Non-Member	\$ 550	\$ 575	\$ 600
*Student TCNS Member	\$ 350	\$ 375	\$ 400
*Student Non-Member	\$ 400	\$ 425	\$ 450

*ID Required

Daily Registration Fees

Please circle: THURSDAY FRIDAY SATURDAY

TCNS Member	\$ 225	\$ 225	\$ 200
Non-Member	\$ 275	\$ 275	\$ 275
*Student TCNS Member	\$ 175	\$ 175	\$ 150
*Student Non-Member	\$ 225	\$ 225	\$ 225

*ID Required

**In order to qualify for the Student status in any area, you MUST email a copy of your student ID or full time student schedule to lwiersing@madonna.edu*

PAYMENT OPTIONS

___ CHECK (US DOLLARS ONLY) CHECK PAYABLE TO: TRANSCULTURAL NURSING SOCIETY (TCNS) CHECK AMT. _____ CHECK #: _____

___ VISA ___ MASTERCARD ___ DISCOVER ___ AMER. EXPRESS

CREDIT CARD #: _____

EXPIRATION: _____ GRAND TOTAL DUE: _____

BILLING INFORMATION:

NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

TCNS Gala Dinner (Advance ticket purchase required)

Thursday, October 19, 2017, 6:30 - 9:00 pm

Ticket Price \$ 60 each Quantity: _____

Spouse/Companion Fees (not attending conference)

Spouse/Companion
Name: _____

Welcome Reception \$ 40 Thursday Breakfast \$25

Friday Breakfast \$ 25 Saturday Breakfast \$25

TCNS Renewals or New Memberships & Scholar Dues

Regular Member	\$ 100.00
Retired Member	\$ 50.00
*Full Time Student	\$ 50.00 *ID Required
TCNS Scholar Dues	\$ 50.00

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CANCELLATIONS & TRANSFERS

Cancellations and transfers of registrations must be requested in writing and postmarked or faxed by September 21, 2017. A \$75 administration fee is assessed for such cancellations. If you transfer your registration to another person, please include a completed registration form for that individual with your written request. Cancellation requests received after September 21st, 2017 are non-refundable.

MAIL / FAX form along with payment to:

- ◆ Transcultural Nursing Society Conference Registration, 36600 Schoolcraft Road, Livonia, MI 48150-1176
- ◆ Fax form with payment information to our secure fax: **SECURE FAX # 1-734-793-2457**
- ◆ Call Toll Free: 1-888-432-5470