



National Association of Indian Nurses of America

3rd Annual Leadership Conference, September 16, 2017

Ashiana Banquet Hall, Norcross, Georgia

Registration Form



Step 1 of 3 - Personal Information

<input type="text"/> First Name MI <input type="text"/> Last Name <input type="text"/> Email Address <input type="text"/> Home Address <input type="text"/> City State/Province <input type="text"/> Zip Code Country	<input type="text"/> Name of Chapter Association State <input type="text"/> Name of Nursing School/College <input type="text"/> Name of Alumni Association (If Applicable) <input type="text"/> Home Phone Mobile Phone <input type="text"/> Emergency Contact Name <input type="text"/> Emergency Contact Number Relationship
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Step 2 of 3 - Registration

Registration Fee (US Dollars Only): Registration fee covers educational sessions including conference materials, certificate, and contact hours.

Conference Dates/Time:	Select one option listed:	Regular Registration July 22nd - Sep 1st	Late Reg Fee \$15 Sep 2nd - Onsite
Sep 16, 2017 (7:30 AM – 5:00 PM)	Members	<input type="radio"/> \$100.00	<input type="radio"/> \$115.00
Onsite Registration:	Non Members	<input type="radio"/> \$125.00	<input type="radio"/> \$140.00
Sep 15, 2017 (5:00 PM – 7:00 PM)	*Students	<input type="radio"/> \$ 75.00	<input type="radio"/> \$ 90.00
Sep 16, 2017 (7:15 AM – 7:45 AM)	Retired Members	<input type="radio"/> \$ 75.00	<input type="radio"/> \$ 90.00
*Nursing students working towards their first nursing license			

Night Dinner Sep 16th 7-10 PM: Please confirm attendance: Yes No

Guest tickets can be purchased for \$25.00 per person. Guest(s) # _____

Please specify any special or ADA dietary needs:

Cancellations, Refund & Return Check Policy: Cancellations on or before Sep 1st, 2017 will be refunded the full amount after deduction of \$50.00 for processing fee.

There will be no refunds after Sep 1st, 2017. All returned checks will incur a fee of \$35.00.

Hotel Accommodation: Hampton Inn, 5655 Jimmy Carter Blvd, Norcross, GA 30071.

<http://hamptoninn.hilton.com/en/hp/groups/personalized/A/ATLNXHX-GNA-20170915/index.jhtml>

TOTAL AMOUNT ENCLOSED (Please Make Check Payable to NAINA): \$

Mail registration form along with payment to: **Vani M,anoharan, 2912 Oak Meadow Lane, Snellville,- GA 30078.**

Signature:

Date:



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Step 3 of 3 – Demographic Survey

1. Gender: Male Female
2. Age Range: Less than 25 25-35 36-50 51-65 more than 65 Declined
3. Name of Basic Nursing School Education (Specify Country): _____
4. Basic Degree Received: _____
5. Year Graduated from Basic Nursing School (Example: 1995): _____
6. Highest Educational Attainment: Diploma ADN BS in Nursing BS in Non-Nursing MS in Nursing
 | MS in Non-Nursing Doctorate in Nursing Doctorate in Non-Nursing Other
7. Currently Enrolled in Higher Education: No Yes (Specify) _____
8. Work Status: Full time in Nursing Part time in Nursing Per-diem in Nursing Employed outside of Nursing
 | Unemployed Student Retired Other
9. State Licensed to Practice: _____
10. Employer: For-Profit Non-Profit Government State Federal Other
11. National Certification: No Yes (Specify) _____
12. Total years of nursing experience: 0-1years 2-3years 4-5 years 6-10years 11-15 years
 | 16-20 years 21-25 years 26-30 years 31-40 years 41-50 years >50 years Declined
13. Advanced Practice Nurses: Not Applicable Nurse Practitioner Clinical Nurse Specialist
 | Nurse Midwife Nurse Anesthetist
14. Area of Nursing Focus/ Specialty: Administration Ambulatory Care Case Management
 | Community/ Public Health Critical Care Emergency Education/ Staff Development
 | Education/ Academia Geriatrics Home Health Nursing Hospice Informatics Management
 | Medical Surgical Occupational Health Pediatrics Perinatal (OB/Nursery)
 | Perioperative (OR/PACU) Psych/Mental Health Quality/ Outcomes Management
 | Rehabilitation Research School Nurse Skilled Nursing/ Assisted Living
 | Consultant (Specify) _____ | Other

For questions about registration please contact the registration committee / program conveners below:

Betsy Augusty, MSN, RN
 Registration Committee
 (770) 891 - 9499
 betsy.augusthy@gmail.com

Vidya Kanagaraj, BSN, RN
 President-GINA
 (678) 779 - 4942
 vidyakraj@gmail.com

Hosted by
 Georgia Indian Nurses Association
 GINA

Vani Manoharan, RN
 Treasurer – GINA
 (404) 538 - 0720
 vanimano15@gmail.com

Letha Joseph, MSN, AGPCNP - BC
 Secretary - NAINA
 (919) 610 - 4217
 lethajoseph@gmail.com

PAYMENT SUMMARY (OFFICAL USE ONLY)

REG# _____ Registration Fee: Paid in full \$ _____ Personal Check Receipt given

Name of Registrer _____ Signature _____ Date _____