

AAOHN GLOBAL SUMMIT REGISTRATION FORM



Global Summit | April 23-24, 2017 | Hyatt Regency New Orleans | New Orleans, Louisiana

REGISTRATION INFORMATION

First Name _____ Last Name _____

Credentials/Designation _____

Job Title _____

Company _____

Preferred Mailing Address _____

City _____ State _____

ZIP or Postal Code _____ Country _____

Daytime Telephone Home Work _____

Email Address (confirmation of registration will be sent via email) _____

REGISTRATION

Registration: \$450

REGISTRATION CANCELLATION POLICY

Cancellations received on or before March 15, 2017 will receive a full refund minus \$100 processing fee. No refunds will be issued for requests made after March 15, 2017. All cancellation requests must be submitted in writing to registration@aaohn.org.

PAYMENT INFORMATION

We care about your privacy: payment by credit cards can only be made online. In order to comply with the Payment Card Industry Data Security Standard (PCI DSS) we cannot accept credit card numbers over the phone, by mail, or fax.

Please mail your registration and check to:

AAOHN Registration
330 N. Wabash Avenue, Suite 2000
Chicago, IL 60611

We care about your privacy: payment by credit cards can only be made online. In order to comply with the Payment Card Industry Data Security Standard (PCI DSS) we will not accept credit card numbers over the phone, by mail, or fax.

SPECIAL NEEDS

If you have any special needs, please let us know and we will do our best to accommodate you:

Please list any allergies or dietary requirements:

Check here if you do not wish to receive information from exhibitors via mail or email.

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DEMOGRAPHICS

Is this your first Global Summit? Yes No

What is the role that most closely describes your work.
(Choose one)

- Nurse Clinician
- Case Manager
- Manager or Supervisor
- Corporate Manager or Director
- Nurse Practitioner
- Health & Wellness Administrator/Manager
- Safety or Risk Manager
- Educator
- Consultant
- Researcher

What is your highest educational preparation? (Choose one)

- LPN/LVN
- Diploma-RN
- AD-RN
- BSN
- Other Baccalaureate Degree
- MSN
- APRN
- Other Masters' Degree
- DNP
- PhD
- Other Doctorate
- MPH

Indicate the business sector in which you work, whether as an employee or contracted provider:

- Agriculture
- Construction
- Consultant
- Insurance/Finance
- Educational Organization (e.g., university, college)
- Transportation/Communication
- Hospital/Medical Center
- Independent Medical Clinic
- Onsite
- Medical Clinic
- Manufacturing
- Mining
- Retail/Wholesale
- Government/Military
- General Business
- Other, please specify: _____

In your current role, do you make purchasing decisions for the purchase of:

- Pharmaceuticals
- Therapeutic products
- Trauma treatments
- Examination/screening equipment
- Safety/personal protective equipment

In your current role, do you make recommendations for the purchase of: Pharmaceuticals

- Therapeutic products
- Trauma treatments
- Examination/screening equipment
- Safety/personal protective equipment

What is your annual budget for occupational health and safety-related products and services?

- >\$1,000,000
- \$999,999 to \$500,000
- \$499,999 to \$200,000
- \$199,999 to \$100,000
- \$99,999 to \$50,000
- <\$49,999
- Unsure

How long have you worked in occupational health and safety nursing?

Indicate your overall level of professional achievement within the field of OH&S nursing:

- Competent
- Proficient
- Expert

How did you learn about AAOHN?

- AAOHN Chapter Member
- AAOHN Member
- AAOHN Product
- Local AAOHN Education Program
- Physician Recommended
- Workplace Health and Safety Journal

Please note: On occasion, an AAOHN photographer may take photos of participants at AAOHN Global Summit functions and activities. Please be aware that these photos are for AAOHN use only and may appear in AAOHN conference programs, catalogs, brochures, newsletters, journals, on the AAOHN website, or in other AAOHN materials. Your attendance constitutes your permission and consent for this photography.