

TSSCVPR

SYMPOSIUM 2010

REGISTRATION

FEES INCLUDE: PROGRAM MATERIALS, BREAKS, AND LUNCH

Mail a Check/Money Order Payable to **TSSCVPR** with this form to:

**KATHY WILLIAMSON, MS RNC
1525 HIDDEN COURT
WARRINGTON, PA 18976-2841**

Fees:

Date	Member	Non-member	Full Time Student
Up to 3/5/10	\$115	\$155	\$50
Up to 4/8/10	\$125	\$165	\$50
Day of Event: 4/10	\$135	\$175	\$60

Total Due: _____

- **NO REFUNDS AFTER MARCH 22, 2010.**
- **FOR MORE INFORMATION CALL: Jill Fox at 814-443-5278**
- **NON-MEMBER FEES WILL INCLUDE A TSSCVPR MEMBERSHIP FOR 2010**

NAME: _____

HOSPITAL NAME _____

Circle One: AARC: # _____ RN: # _____ ACSM: # _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TSSCVPR Chapter _____

RSVP: for Friday April 9, 2010

I will attend the Friday Night Networking: **Yes** **No**

Hotel reservations: www.lancastermarriott.com

Room rate of \$134.00 guaranteed if reservations made by March 19, 2010. See brochure for more details.