**12th Annual Orthopedic Nursing Symposium**

**Registration Form**

We appreciate your interest in attending our symposium. Please fill out the following form to register and receive your badge and continuing education certificate on the day of the conference. In efforts to reduce waste, you will be emailed a link prior to the conference which will allow you to download the syllabus and the speakers’ presentations. View the attached learning objectives to learn more.

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| **Personal Information** |
| **First** |  | **Middle:** |
| **Last** |  |

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| **Contact Information** |
| **Address** |
| **City:** | **State:** | **Zip Code:** |
| **Phone number:** |
| **Email:** |

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| **Professional Information** |
| **RN License number:** |
| **RN NAON member:** |  | **$80** |
| **RN non-NAON member:** |  | **$100** |
| **Organization/Hospital Name:** |
| **Local NAON Chapter affiliation:**

|  |  |
| --- | --- |
| **Will attend in Person:** | **Will Attend Virtually:** |

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| **Payment** |
| Send check Payable to NAON Orange County chapter to: Tanya Barahona26382 Rosa Street, Laguna Hills, CA 92656 |

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| **Conference Cancellation** |

Cancellation will be accepted until September 10, 2024. No refund will be given for cancellation after September 15. No refund will be given for no shows. In the unlikely event the program is cancelled, a full refund of the registration fee will be given, however program hosts are not responsible for any travel costs you may incur.

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| **Location** |

Hoag Hospital Conference Center

3900 West Coast Hwy

Newport Beach, CA 92663

Free parking available at Sunset View Lot off Coast Hwy