



## Registration FORM

### Membership

Please make sure that your WOCN Membership is current before registering if you would like to take advantage of the member discounts during registration. If you need to renew your membership or would like to join, please visit [wocn.org](http://wocn.org).

Keep a copy of this registration form for your records. Please type or print. Use a separate form for each registrant; duplicate as necessary.

First Name: \_\_\_\_\_  
(As you would like it to appear on your badge)

Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_  
(Example: RN, WOC. Name and credentials are limited to 30 characters.)

Position/Title: \_\_\_\_\_  
(Example: Director, Staff nurse.)

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**It is important that we obtain your e-mail address and mobile phone number. Your email address will be used to confirm your registration and update you on conference changes.**

### Unique ID:

(Example: CC1234)

### If you identified a unique ID last year, please use the same ID.

For attendees in the US please enter the first letter of both your first and last name followed by the last four digits of your social security number. For those attendees without a social security number, please enter the first letter of both your first and last name followed by four numbers. Please pick a combination that you will remember.

This ID will be used for the current conference registration, future conference registrations, evaluation and CE sites.

### In case of an emergency during the conference, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Special Needs:

Please check here if you require special attention to fully participate. The Annual Conference fully complies with the legal requirements of the Americans With Disabilities Act rules and regulations. Indicate requirement:

\_\_\_\_\_

### Special Dietary Needs (if any):

Vegetarian  Kosher  Vegan  Gluten-Free

Other: \_\_\_\_\_

\_\_\_\_\_

### DEMOGRAPHICS

Are you a first time attendee?

How long have you been a WOC nurse (check one)?

Less than 1 year  1-3 years  4-9 years  10+ years

Please indicate your certification(s) (check all that apply):

CWOCN  COCN-AP  CWS  CCCN

CWOCN – AP  CWCN  CWON  CCCN-AP

COCN  CWCN-AP  CFCN  Not Certified

Other (please specify) \_\_\_\_\_

Please indicate your license type:

RN  APN  LPN  PT

Other (please specify) \_\_\_\_\_

Which best describes your primary practice setting (check all that apply):

Acute Care  Home Health System

Nursing Home/  Outpatient Care

Extended care  University/Staff Educator

Education  Private Practice

Industry

Other (please specify) \_\_\_\_\_

What is your **PRIMARY** area of practice (check one):

Wound  Ostomy  Continence  Foot & Nail

Other (please specify) \_\_\_\_\_

Patient Population (check all that apply):

Pediatrics  Adults  Geriatrics

How did you hear about the annual conference?

Email  Video

Facebook  Web Search

Journal  WOCN Member Referral

Registration Brochure  WOCN Supporter/Exhibitor Referral

Twitter

Other (please specify) \_\_\_\_\_

### 1. WOCN CONFERENCE REGISTRATION

Full Conference Registration –June 3–6, 2018

Saturday through Wednesday

Type	Early Bird On or before Friday, April 13, 2018 – 11:59 PM EST	After Friday, April 13, 2018 – 11:59 PM EST
<input type="checkbox"/> WOCN Member	\$475	\$525
<input type="checkbox"/> Non-Member	\$625	\$675
<input type="checkbox"/> Student*	\$300	\$350

**Not a member?** Join now to save on your conference registration and take advantage of other membership benefits, including unlimited access to WOCN CE courses and a subscription to JWOCN (Full Members only).

### Full-time Students

Full-time students who are studying to become registered nurses (RN) or are in an accredited WOC Program can take advantage of the student fees.

**Students must show proof of student status** (e.g., copy of current enrollment or letter from faculty advisor) with registration. If you do not have your proper paperwork at this time, please submit your proof of student status to Julianna King Williams at [jkjng@wocn.org](mailto:jkjng@wocn.org).



# Historic Past, LIMITLESS FUTURE

WOCN® SOCIETY'S 50<sup>TH</sup> ANNUAL CONFERENCE • JUNE 3-6, 2018 • PHILADELPHIA, PA

## 2. ONE-DAY ONLY REGISTRATION

Check the day you will attend. Includes lectures, business meetings, and exhibits only on the day of your choice.

Type	Early Bird On or before Friday, April 13, 2018 – 11:59 PM EST	After Friday, April 13, 2018 – 11:59 PM EST
<input type="checkbox"/> Single Day WOCN Member	\$215	\$250
<input type="checkbox"/> Single Day Non-Member	\$240	\$280
<input type="checkbox"/> Single Day Student*	\$150	\$175

- Sunday, June 3       Monday, June 4  
 Tuesday, June 5       Wednesday, June 6

## 3. ACCOMPANYING PERSON • \$150.00

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*Guest registration includes entrance to the exhibit/poster hall, exhibit hall opening reception, exhibit hall lunch, and coffee breaks.*

## 4. LIFE, LIBERTY AND THE PURSUIT OF COMPRESSION! (HANDS-ON) TICKET \_\_\_\_\_ \$75

## 5. YOGA FOR PELVIC HEALTH: AN EVIDENCE-BASED APPROACH (HANDS-ON) TICKET \_\_\_\_\_ \$35

## 6. SOCIAL EVENT TICKET \_\_\_\_\_ @\$50 EACH

## 7. WOCN® 50<sup>TH</sup> ANNIVERSARY COMMEMORATIVE T-SHIRT \_\_\_\_\_ @\$25 EACH

(Please select your size:  XS  S  M  L  XL  2XL)

### WOC Nurse Networking Opportunities (part of conference registration)

I plan to attend the following session on Saturday, June 2 from 3:30 pm to 4:30 pm (check one):

	First Choice	Second Choice
(320) Advanced Practice	_____	_____
(321) Foot & Nail Care	_____	_____
(322) Home Care	_____	_____
(323) New WOC Nurse	_____	_____
(324) Outpatient Clinic	_____	_____
(325) Pediatrics	_____	_____
(326) Professional Growth Program	_____	_____
(327) VA Nurses	_____	_____
(328) WOC Nurses in Industry	_____	_____

By checking this box, you will not receive pre- or post- annual conference promotional material from exhibitors. Should you have your badge scanned by exhibitors, you will receive promotional material from exhibitors by direct mail or email.

### Concurrent Sessions (part of conference registration)

Enter the session code for each concurrent session that you plan to attend. For session codes see the Conference Schedule [wocnconference.com](http://wocnconference.com)

SUNDAY, JUNE 3	First Choice	Second Choice
3:15 PM – 4:15 PM	_____	_____
4:25 PM – 5:25 PM	_____	_____
<b>MONDAY, JUNE 4</b>		
8:40 AM – 9:40 AM	_____	_____
11:00 AM – 12:00 PM	_____	_____
3:10 PM – 4:10 PM	_____	_____
4:20 PM – 5:20 PM	_____	_____

## TUESDAY, JUNE 5

- 9:50 AM – 10:50 AM \_\_\_\_\_  
11:00 AM – 12:00 PM \_\_\_\_\_  
3:10 PM – 4:10 PM \_\_\_\_\_  
4:20 PM – 5:20 PM \_\_\_\_\_

## WEDNESDAY, JUNE 6

- 8:00 AM – 9:00 AM \_\_\_\_\_

### Conference Symposia

Information on the conference symposia will be available on Thursday, March 15, 2018. You will be sent an email with instructions on how to sign into your account to "update" your registration. The symposia are scheduled for the following dates and times:

- Saturday, June 2 6:30 PM – 8:00 PM  
Sunday, June 3 12:15 PM – 1:45 PM  
Monday, June 4 7:00 AM – 8:30 AM  
Tuesday, June 5 7:00 AM – 8:30 AM

### CONFERENCE REGISTRATION PAYMENT

- Conference Registration \$ \_\_\_\_\_
- One-Day Only Registration \$ \_\_\_\_\_
- Accompanying Person \$ \_\_\_\_\_
- Life, Liberty and the Pursuit of Compression Hands-On Ticket \$ \_\_\_\_\_
- Yoga for Pelvic Health: An Evidence-Based Approach Hands-On Ticket \$ \_\_\_\_\_
- Annual Conference Social Event Ticket(s) \$ \_\_\_\_\_
- WOCN® 50<sup>th</sup> Anniversary T-shirt(s) \$ \_\_\_\_\_
- Grand Total** \$ \_\_\_\_\_

Check enclosed made payable to: WOCN Society

Credit Card  
 MasterCard     Visa     American Express     Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
(Please print)

**Mail to: 2018 WOCN Society Annual Conference Registration Center**  
c/o Convention Data Services  
107 Waterhouse Road  
Bourne, MA 02532-3890  
Fax: 508-743-9676  
Online: [wocnconference.com](http://wocnconference.com)  
WOCN Federal ID #25-125-1887