

Nurses Educational Grant Participant Registration Form

CRITERIA

- Applicant must be a registered nurse
- Applicant must currently be involved in the area of IBD patient management
- Applicant must be employed in the area of IBD nursing management for at least 2 years
- Graduate nursing students with an identified interest in the IBD patient population will be considered
- There is a limit of three nurses from the same healthcare facility
- The grants are open to nurses who have not previously received an IBD industry-sponsored grant
- The applicant must develop and submit an essay (limit to 500 words) on why the conference is important to you and the patients you manage, with the essence of the essay covering how your participation in this conference will have a direct effect on your practice. Include how you will share your experience with others. Describe your current practice setting and specific questions you hope this conference will help answer or any ideas that you hope to develop further as a result of this conference.

CONFERENCE REGISTRATION

FIRST NAME _____ LAST NAME _____

PRIMARY SPECIALTY: NP RN Other _____

EMAIL ADDRESS _____

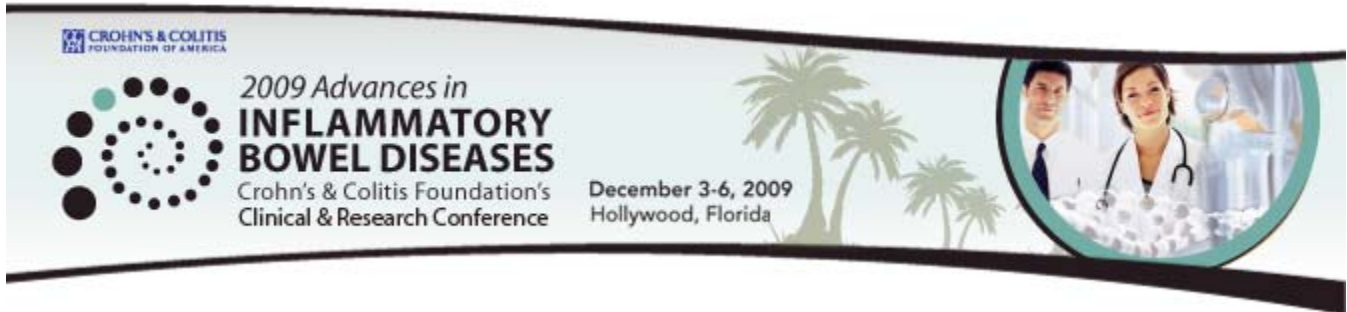
TELEPHONE _____ FAX _____

INSTITUTE _____ DEPARTMENT _____

ADDRESS _____

CITY _____ ZIP CODE _____

Attendees must check-in and confirm their registration daily at the Registration & Information Desk at the conference. Attendance at all scientific sessions is required for complimentary hotel and travel. Conference registration and hotel reservation confirmations will be sent prior to the conference.



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TRAVEL RESERVATION

The grant provides for round-trip air or train travel to Hollywood, Florida, up to a maximum cost of \$350.00. Upon notification of award acceptance, please make your own travel arrangements and fax a copy of your receipt(s) to Imedex, attn: Carol Glenn, as soon as you have booked your travel, but no later than November 30, 2009. Reimbursements will be paid after the conference. If you feel that this arrangement will cause a hardship making you unable to attend, please contact Imedex and we will assist you with your reservations.

No reimbursements for automobile travel, taxis, parking or airport transfers will be allowed. Any costs incurred over the \$350.00 maximum will be paid by the participant.

HOTEL RESERVATION

If accepted, you will receive up to 3 nights (December 3, 4 or 5) at the Westin Diplomat Hotel at no charge. In order to guarantee your reservation, we need the following information:

Arrival Date: _____ Departure Date: _____ Single Room _____ Double Room _____

Credit Card: American Express Discover Master Card Visa

Card Number: _____ Exp: _____

Cardholder's name: _____

Your credit card **will not be charged unless you fail to arrive as scheduled** and you fail to cancel or change your reservation at least 72 hours in advance of your scheduled arrival date. If this occurs, you will be charged \$279.78 (the cost of one night's stay). This grant covers room rate and applicable taxes only. All incidentals and other charges are to be covered by the attendee. Meals other than conference functions as specified in the program are not covered or reimbursable.

Email this form along with your essay by November 13, 2009 to the Imedex Customer Service department at meetings@imedex.com with the subject line:

ATTN: Theresa Jones, Nurses Grant Application

Notification of acceptance will be sent on November 18, 2009

We look forward to your participation!