



**REGISTRATION FORM | PLEASE COMPLETE BOTH PAGES OF THIS FORM**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ *(Printed on badge)*

CREDENTIALS/DESIGNATION \_\_\_\_\_ *(Printed on badge – up to 30 characters)*

CONVENTION ID # \_\_\_\_\_  
*Enter the first initial of your first name, the first initial of your last name and the last four digits of your Social Security Number. If you do not have a Social Security Number, please enter your four-digit birth year. This number will be used for receiving your Continuing Education Credits.*

EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ *(City and State printed on badge)*

COUNTRY \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The e-mail address and phone number provided in conjunction with your registration will be encoded in a bar code on your badge as part of the exhibitor lead retrieval system. Please be aware that allowing exhibitors to scan your badge grants them access to your contact information.

- Check the box if you do not want your contact information included in a pre and post registration list sent to exhibitors.
- Prior to convention, an attendee list will be sent to all registered attendees, containing the name, credentials, city, state, and employer of the attendee. Please check the box if you do not want your contact information included.

**DNA MEMBERSHIP: Join or renew today and register at the member rates!**

MEMBERSHIP INFORMATION WILL BE MAILED TO THE HOME ADDRESS YOU PROVIDED ABOVE.

**NP Member**  \$135  
*(Includes DNA Membership)*  
License # \_\_\_\_\_ State \_\_\_\_\_

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**Nurse Member**  \$85  
*(RNs, NPs, LPNs, LVNs only)*  
License # \_\_\_\_\_ State \_\_\_\_\_

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**Associate Member**  \$75  
 Medical Assistant  Physicians Assistant  Other, Please Specify \_\_\_\_\_

Membership dues include a subscription to the *Journal of Dermatology Nurses' Association*.

- DNA occasionally makes available **member** information to organizations and vendors that provide products and services of value to the dermatology nursing community. If you prefer not to be included in these lists, please check the box.

**DNA's membership year is January 1 – December 31. For the first year of membership, all new members will have an expiration date of 12 months from the month joined. After the first year, all memberships expire on December 31.**

**Thank you for becoming a Member or renewing your DNA Membership.**

**Please provide the following information.**

- 1. WHAT IS YOUR PROFESSIONAL DESIGNATION?**
  - NP
  - RN
  - LPN
  - MA
  - Other \_\_\_\_\_
- 2. WHAT IS YOUR CLINICAL SPECIALTY OR FOCUS?**
  - General practice
  - Acne
  - Cosmetic dermatology
  - Cutaneous malignancies
  - Surgery
  - Pediatrics/Geriatrics
  - Psoriasis
  - Wound healing
  - Other \_\_\_\_\_
- 3. WHAT SETTING DO YOU WORK IN?**
  - Hospital – in and out patient
  - Clinic
  - Physician's practice
  - Phototherapy unit
  - Extended care facility
  - Other \_\_\_\_\_
- 4. WHAT IS THE HIGHEST DEGREE YOU HAVE ATTAINED?**
  - Doctorate
  - Masters
  - Bachelors
  - Associate
  - High school
- 5. YEARS IN DERMATOLOGY PRACTICE**
  - 0-2
  - 3-5
  - 6-9
  - 10+
- 6. DO YOU HAVE PRESCRIPTIVE AUTHORITY?**
  - Yes
  - No
- 7. I AM INTERESTED IN THE FOLLOWING VOLUNTEER OPPORTUNITIES (MEMBERS ONLY)**
  - Education Advisory Council
  - Health Policy and Advocacy Committee
  - Nominating Committee
  - NP Society Executive Committee
  - Annual Program Planning Committee
  - Recognition (Awards) Committee
  - JDNA Author
  - JDNA Reviewer

- 8. PLEASE CHECK HERE IF YOU ARE INTERESTED IN BECOMING A SESSION MODERATOR**

	EMPLOYER	SELF
REGISTRATION	<input type="checkbox"/>	<input type="checkbox"/>
TRAVEL	<input type="checkbox"/>	<input type="checkbox"/>
HOTEL	<input type="checkbox"/>	<input type="checkbox"/>
MEALS	<input type="checkbox"/>	<input type="checkbox"/>

- 9. PLEASE STATE WHO ASSUMES RESPONSIBILITY FOR ATTENDANCE FEES TO THE CONVENTION**
- 10. HOW MANY DNA ANNUAL CONVENTIONS HAVE YOU ATTENDED PRIOR TO THIS ONE?**
- |                            |                             |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5+ |

**QUESTIONS FOR NP SOCIETY MEMBERS:**

- A. AREA OF NP SPECIALTY CERTIFICATION**
  - Adult
  - Family
  - Pediatrics
  - Women's Health
  - Geriatrics
- B. AREA OF CURRENT PRACTICE**
  - General Dermatology
  - Dermatologic Surgery
  - Plastic Surgery
  - Primary Care
- C. DOES YOUR STATE**
  - Require you to practice with a supervising physician?
  - Allow you to practice as a licensed independent practitioner? (LIP)
  - Require you to practice with collaborating physician?
- D. WHAT IS THE SPECIALITY OF YOUR SUPERVISING PHYSICIAN, IF APPLICABLE**
  - Dermatology
  - Pediatrics
  - Cosmetic Surgery
  - Moh's Surgery
  - Pathology
  - Family/Internal Medicine
  - Pediatric Dermatology
  - Plastic Surgery
  - Cutaneous Oncology
  - Research
  - Other
- E. DO YOU HAVE PRESCRIPTIVE AUTHORITY?**
  - Yes
  - No



**REGISTRATION FORM SIDE 2**

**PRE-CONVENTION WORKSHOPS**

(THURSDAY, MARCH 31)

	Member	Non-Member
Cutaneous Surgery Workshop	\$185	\$205
Dermatology Review Course	\$185	\$205
The Joan Shelk Fundamentals of Phototherapy Workshop	\$185	\$205
NP Forum Only (Thursday, March 31 – Friday, April 1)	\$290	\$355
NP Forum One Day Only <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	\$255	\$300

**FULL CONVENTION**

(THURSDAY, MARCH 31 – SUNDAY, APRIL 3)

Includes all educational and social activities March 31 – April 3, excluding Pre-Convention Workshops, NP Forum and other additional registration fee sessions.

	Member	Non-Member
Early Bird Registration On or before November 30, 2015 – 11:59 PM EST	\$350	\$425
Early Bird Registration & NP Forum On or before November 30, 2015 – 11:59 PM EST	\$495	\$540
Pre-Registration December 1, 2015 – March 21, 2016 – 11:59 PM EST	\$400	\$470
Pre-Registration & NP Forum December 1, 2015 – March 21, 2016 – 11:59 PM EST	\$540	\$625
On-Site Registration March 22 – April 3, 2016 – 11:59 PM EST	\$435	\$510
On-Site Registration & NP Forum March 22 – April 3, 2016 – 11:59 PM EST	\$580	\$705
Student (Studying for RN degree – proof of enrollment required)	\$215	
One Day Only <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$225	\$265
Student One-Day Only <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$120	

**SUMMARY**

Amount due for Convention Registration	\$ _____
Amount due for Membership	\$ _____
Total Amount Due	\$ _____

**Schedule subject to change**

DNA's contractors and attendees may be photographing or videotaping events at this convention. By attending the DNA 34th Annual Convention, attendees acknowledge these activities and agree to allow their image to be used by DNA in association publications, on DNA's website, and in marketing and promotional materials.

**SESSIONS**

Please indicate the session number for each concurrent session and select optional activities you plan to attend. On-site changes are permitted.

**First Time Attendee Reception**

**Thursday, March 31**

Yes  No

4:30 PM – 5:15 PM

**Friday, April 1**

**Session Number**

2:00 PM – 3:00 PM

4:00 PM – 5:00 PM

**Saturday, April 2**

9:15 AM – 10:15 AM

3:30 PM – 4:30 PM

**PAYMENT INFORMATION**

Payment **MUST** accompany registration form! **Do not send cash!**

All payments must be received in US Dollars.

**Check #** \_\_\_\_\_

**Credit Card Information**

American Express  MasterCard  Visa

**Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_

**Signature of Cardholder** \_\_\_\_\_

**Refund Reimbursement Policy**

Refunds must be submitted in writing by midnight **Friday, March 11, 2016**. Please e-mail your request to Jessica Dougherty at [jdougherty@dnanurse.org](mailto:jdougherty@dnanurse.org) or fax to 856-439-0525. A \$50 administrative fee applies. All requests submitted after Friday, March 11, 2016 will not be honored. All refunds are processed after convention.

**Special Needs/Meals**

Please check here if you require special attention to fully participate in the Convention. The Dermatology Nurses' Association fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If you attend DNA's 34th Annual Convention and are in need of special accommodations or meals, please specify your request below. If you have any questions, please feel free to reach out the Jessica Dougherty at [jdougherty@dnanurse.org](mailto:jdougherty@dnanurse.org).

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**3 WAYS TO REGISTER**

**1** Mail your registration with payment to:  
**DNA Registration**  
1120 Route 73, Suite 200  
Mt. Laurel, NJ 08054-2212

Please do not send credit card information via email.

**2** Fax your registration form with credit card information to:  
**ATTN: DNA Registration**  
856-439-0525

**3** Online:  
[2016.dnanurse.org](http://2016.dnanurse.org)  
Credit card payments only