Pre Registration Form

IntegratedEthics
Improving Ethics Quality in Health Care

PROFESSIONAL BOUNDARIES AND SOCIAL NETWORKING

Fall 2010 Tri-City Collaboration in Health Care Ethics: *Exploring the challenges on a new frontier.*

Please fill in the online registration form then click on the submit button below. Acknowledgment of registration will be sent via return email within 2 business days of receipt.

Salutation:	
First name:	
Middle name:	
Last name:	
Preferred/"Nickname":	
Company:	
Your Title:	
Phone:	
Email:	
Assistant's name:	
Assistant's phone:	
Assistant's email:	
Please check all that apply; I will attend: ☐ Plenary Session ☐ Grand Rounds ☐ Panel Discussion	

☐ I will be bringing a Poster (s) to Event #1.

☐ I DO ☐ I DO NOT authorize my contact information to be included post-conference to other participants in attendance for the purpose of establishing a Tri-City Ethics Network.

Signature with date required for DO disseminate responses (signature will be recieved at registration)

Educational Credits

☐ I plan on participating via Teleconference at Event 1 or 2 and request educational credits.

For questions regarding RN Credit please call or email: Patricia Stevenson, MSN, RN (989)497-2500 X 11474

SUBMIT

Registration Fee

$ FREE

Thank your organization!
Participating facilities co-sponsored this event.
No passed on fees to attendees!

Expiration Date: 00/00/00