

WIANA Spring Meeting 2010 OB & Pediatric Clinical Update

Mail-in Registration Form:
(Must be postmarked by April 12, 2010)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ AANA# _____ Email _____

Disability or special menu request _____

Payment Information

Registration fees include a program booklet with lecture references, Saturday and Sunday breakfast and Saturday luncheon, as well as break refreshments.

_____ CRNA Saturday/Sunday-----\$375.00

_____ CRNA Saturday Only-----\$255.00

_____ CRNA Sunday Only----- \$150.00

_____ *Power Point Lecture Handout Booklet-----\$15.00

_____ Saturday Lunch Guest-----\$ 20.00

_____ Nurse Anesthesia Student with School Letter-----\$ 75.00

Franciscan Skemp Students: Fees Waived with School Letter

_____ Retired CRNA-----\$ 75.00

_____ SPONSOR A STUDENT -----Donations accepted

(Name of Student (optional) _____)

_____ Late Fee (on-site registr. or postmarked after April 16, 2010) -----\$50.00

_____ TOTAL FEES DUE

Check or money order only payable to: WIANA

Send check and registration form to:

Bridget Pirsch
3510 Little Fleur Lane
Madison, WI 53704

pirsch@lafollette.wisc.edu

CANCELLATIONS AFTER April 16, 2010 WILL BE ASSESSED \$75 PENALTY