



CVNE Conference Registration Form

Embassy Suites Sacramento

100 Capitol Mall

Sacramento, CA 95814

916-326-5000

(Please print legibly)

NAME: _____ TELEPHONE (____) _____

ADDRESS: _____

CITY: STATE ZIP: _____

SCHOOL: _____ LICENSE # RN/VN _____
FOR CE CREDIT

E-MAIL (for confirmation of registration): _____

Please ensure that your registration is postmarked on or before April 12, 2019.

Registrations received or postmarked after April 12, 2019, (includes registering at conference) will be subject to an additional \$20 charge for each conference day.

Member (check one)

_____ Friday\$125
_____ Saturday.....\$125
_____ Complete Conference\$250

Non-member (check one)

_____ Friday\$175
_____ Saturday.....\$175
_____ Complete Conference\$350

Cancellation policy: 100% of conference fee may be reimbursed if cancelled 20 days before the conference (no grace period). Refunds are not **provided if you register and pay for both days** but only stay for one conference day.

Approved by California Board of Registered Nursing for Continuing Education credit

RN Provider # 2816

Note: All CE certificates will be distributed at the **end** of conference. Participants must attend the **entire day** to receive their CE certificate (BRN).

If you are submitting your registration with a corporate check, all items must be received together. Conference registration cannot be held pending the receipt fees, as space is limited. CVNE will make reasonable attempts to rectify non-compliant registrations - no guarantee or reservation of conference registration is implied. Failure to meet registration due dates, current conference registration fees or the use of outdated registration forms may result in forfeiture of conference registration. **Make checks payable to CVNE:**

Mail conference registration forms to:

**CVNE
7797 N. First St., #23
Fresno, CA 93720**

If you have any questions, contact:

Californiavneducators@gmail.com