

8th ANNUAL FOCUS ON RESPIRATORY CARE & SLEEP MEDICINE CONFERENCE

THE OPRYLAND HOTEL, NASHVILLE TENNESSEE • APRIL 10-12, 2008

REGISTRATION FORM - PLEASE TYPE OR PRINT CLEARLY

Name _____ Primary Credential _____
Institution: _____ City: _____ State: _____
Home Address: _____
City _____ State _____ Zip _____
Work Ph (_____) _____ Home Ph (_____) _____
E-mail Address to which confirmation will be sent _____
(If no e-mail address is provided, confirmation will be sent by regular mail to your address above. Allow 3 weeks for this type of confirmation)

REGISTRATION FEES:

____ Full 3 day registration (March 28th or before) \$325 (FCB)
____ Full 3 day registration (After March 28th or on-site) \$425 (FCA)
____ Two day registration - choose → ____ 4/10 & 4/11 (TF) **OR** ____ 4/11 & 4/12 (FS) (before 3/28) \$280 (TDB)
____ Two day registration - choose → ____ 4/10 & 4/11 (TF) **OR** ____ 4/11 & 4/12 (FS) (after 3/28) \$350 (TDA)
____ One day registration - choose one → ____ 4/10 (T) ____ 4/11 (F) ____ 4/12/ (S) (before 3/28) \$200 (ODB)
____ One day registration - choose one → ____ 4/10 (T) ____ 4/11 (F) ____ 4/12/ (S) (after 3/28) \$240 (ODA)

DISCOUNTS: (The discounts below apply only to full conference registrations. Only one discount may apply)

____ I am eligible for a \$50 discount based on the fact that I attended the 2007 FOCUS Conference in Nashville.
____ I am eligible for a \$30 discount based on my status as an active AARC Member. AARC #: _____
____ I am eligible for a \$150 discount based on my status as a full-time Respiratory Care student (Applies only to Full 3 day registration).
The signature of my Program Director (required) follows. (Please Note : Discount given only at the time of this registration submission) (SD)

School _____ Program Director Signature _____

____ "Significant Other" Registration - Includes all activities and events. (No continuing education credits in this category.)
____ Free Department Head "Significant Other" Regist. - Includes all activities and events. (No CEUs in this category.) (DHSO)
____ March 28th or Before - (\$175) (SO) _____ March 29th or on-site - (\$250) (SOA)

Printed Name of Significant Other _____

ASTHMA EDUCATOR WORKSHOP: Presented on April 9, 12:00pm - 6:00pm. Workshop is \$150, and provides 6 additional CEU's

____ Pre-Conference Asthma Educator Workshop - *Tim Op't Holt Ed.D, RRT, AE-C, F.A.A.R.C.* (AEW)

OPTIONAL WORKSHOPS: Early-Bird workshops will be presented concurrently on April 10, 7:00am-9:00am. Workshops are \$75, provide 2 additional CEU's and include breakfast.

____ Early-Bird Breakfast Workshop A - *Obstructive Sleep Apnea in Adults & Children* – Beth Malow MD (OSA)
____ Early-Bird Breakfast Workshop B - *Hemodynamic Monitoring from A to Z* – Leanna Miller RN (HDM)
____ Early-Bird Breakfast Workshop C - *Pulmonary Emergencies Seen in the E.R.* – Ian Jones MD (PES)
____ Early-Bird Breakfast Workshop D - *A Step-Wise Approach to Blood Gases and Acid-Base Balance* – Russ Acevedo MD (SWA)
____ Early-Bird Breakfast Workshop E - *The Modes of Mechanical Ventilation: Which Mode for Which Patient?* – Paul Nuccio RRT (MMV)

VOLUNTARY DONATION: _____ Focus may charge my credit card an additional \$5 as a donation to this year's charity, *The Smile Train Foundation* provides cleft palate surgery for children in developing countries who would otherwise not receive it. This charity was chosen because 100% of all donations go towards programs, while 0% goes to overhead, administration or fund raising. (www.SmileTrain.org)

____ I have included an additional \$5 in my check as a donation to this year's charity, *The Smile Train Foundation*.

GRAND TOTAL ENCLOSED OR TO BE CHARGED: \$ _____ Full payment must accompany registration form. Make checks payable to: FOCUS Publications, Inc. Faxed registration forms must include credit card information. No payments will be accepted after April 4, 2008 although there *will* be on-site registration. Please return this completed registration form to:

Expo-Logic Registration Systems
820 Parkway
Broomall, PA 19008

Or fax ^(with credit card info) to (610) 328-1548

Check one: Visa _____ MC _____ DISC _____ Name on card: _____

Card#: _____ Exp. date: _____ CVV Code: (This is a 3 digit number printed on the back of your card. It appears after your card number in the signature box.) _____

Signature: _____

Cancellation Policy: Refunds will be granted until 3/28/08, only when notification is received in writing to the Focus office (22 South Parsonage Street Rhinebeck, NY 12572). Due to non-refundable financial commitments made to various vendors, no refunds will be granted after 3/28/08 for any reason. A processing fee of \$60 will be charged for **all** cancellations. Refunds will be processed after the conference. Substitutions permitted.

Important Note: Upon receipt of your completed registration form and payment, you will be sent a confirmation. This confirmation will be made by e-mail if you submitted an e-mail address (above) or by letter to the address above if you did not. If you do not receive a confirmation of your registration within 3 weeks of your submitting it, please call 610-328-7572. It is strongly advised that you bring your confirmation notice with you to the conference. Consider yourself not registered if you did not receive a confirmation notice. Call 610-328-7572 to resolve all issues pertaining to confirmation and all other registration issues.

____ I would like a FREE Subscription to FOCUS Magazine _____ I do not wish a FREE Subscription to FOCUS Magazine