



REGISTRATION FORM

Please print clearly. This information will be printed on your badge.

PLEASE COMPLETE BOTH PAGES OF THIS FORM

FIRST NAME _____ LAST NAME _____ (Printed on badge)

DEGREE/CREDENTIALS _____ (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 _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ (Printed on badge)

COUNTRY _____

DAYTIME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____

E-MAIL ADDRESS _____ (Mandatory to receive confirmation)

FAX NUMBER _____ (Necessary to receive confirmation)

Above information used as Membership and Convention confirmation.

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

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

- NP Member** \$135
(Includes DNA Membership)

- Nurse Member** \$85
(RNs, NPs, LPNs, LVNs only)

License # _____
State _____

- Associate Member** \$75

 - Medical Assistant
 - Physicians Assistant
 - Other, Please Specify _____

Membership dues include a subscription to the *Journal of the 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 provided.

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. Please check one answer for each question.

1. PROFESSIONAL STATUS

- RN
- NP
- LPN/LVN
- Associate Member
- Medical Assistant
- Physicians Assistant

2. POSITION

- Staff Nurse
- Head Nurse
- Clinical Specialist
- Supervisor/Coordinator
- Instructor
- Administrator
- Research Nurse
- Nurse Practitioner
- Medical Assistant

3. PRACTICE SETTING

- Inpatient Unit
- Outpatient Clinic
- Extended Care Facility
- Critical Care Unit
- Physician's Practice
- Day Care Unit
- Phototherapy Unit
- Dermatology Surgery Unit
- Other _____

4. CLINICAL SPECIALTY

- General Practice
- Acne
- Cosmetic Dermatology
- Cutaneous Malignancies
- Dermatologic Surgery
- Geriatrics
- Pediatrics
- Psoriasis
- Reconstructive Surgery
- Wound Healing

5. HIGHEST LEVEL OF EDUCATION COMPLETED

- High School
- Diploma-Nursing
- Associate Nursing
- Associate Other
- Bachelor's Nursing
- Bachelor's Other
- Master's Nursing
- Master's Other
- Doctorate

6. DO YOU BELONG TO ANY OTHER PROFESSIONAL ORGANIZATIONS?

- Yes No

Please list _____

7. YEARS IN DERMATOLOGY PRACTICE

- 0 - 2
- 3 - 5
- 6 - 9
- 10 - 14
- 15 - 19
- 20 +

8. I AM INTERESTED IN THE FOLLOWING VOLUNTEER OPPORTUNITIES (MEMBERS ONLY)

- Audit Committee
- Communications Committee
- Development Committee
- Education Advisory Council
- Finance Committee
- Health Policy and Advocacy Committee
- Nominating Committee
- NP Society Executive Committee
- Program Planning Committee
- Recognition (Awards) Committee
- Research Committee
- Local Chapter Leadership Position
- Industry Advisory Committee

9. HOW DID YOU LEARN ABOUT DNA ANNUAL CONVENTION?

- DNA Member
- Dermatologist
- DNA Chapter Meeting
- DNA Convention
- DNA Education Program (other than convention)
- Journal of the Dermatology Nurses' Association
- Industry Representative
- Postcard Mailing to My Dermatology Office
- Other _____

10. WHAT IS THE AVERAGE NUMBER OF PATIENTS YOU SEE DURING A THREE MONTH PERIOD?

- 100 - 200
- 200 - 300
- 300 - 400
- 400 +

11. PLEASE STATE WHO ASSUMES RESPONSIBILITY FOR ATTENDANCE FEES TO THE CONVENTION

- | | | |
|--------------|--------------------------|--------------------------|
| | 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"/> |

12. HOW MANY DNA ANNUAL CONVENTIONS HAVE YOU ATTENDED PRIOR TO THIS ONE?

- 0 3
- 1 4
- 2 5+

13. 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 bar code on your badge.

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
- Cosmetic 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 SPECIALTY 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



NAME _____

PRE-CONVENTION (Thursday, May 1, 2014)

Table with 3 columns: Registration Type, Member, Non-Member. Rows include Joan Shelk Fundamentals of Phototherapy, Dermatology Nursing Basics, etc.

FULL CONVENTION (Thursday, May 1 - Sunday, May 4)

(Includes all educational and social activities May 1 through 4 excluding Pre-Convention Workshops & NP Forum)

Table with 3 columns: Registration Type, Member, Non-Member. Rows include Early Bird Registration, Pre-Registration, On-Site Registration, Student, etc.

ADDITIONAL CONVENTION FEES

Table with 3 columns: Registration Type, Member, Non-Member. Rows include One Day Only, Dermoscopy Workshop, Additional Welcome Celebration Ticket.

SUMMARY:

Summary table with 2 columns: Description, Amount. Rows include Amount due for Convention Registration, Amount due for Membership, Total Amount Due.

CONCURRENT SESSIONS (Part of Convention Registration)

Enter the session number for each concurrent session that you plan to attend. On-site changes are permitted.

Table with 2 columns: Day/Time, Session Number. Rows for Friday, May 2; Saturday, May 3; Sunday, May 4.

PAYMENT INFORMATION

Make check payable to DNA (U.S. funds drawn on a U.S. Bank) Payment MUST accompany registration form! Do not send cash!

Check # _____

Credit Card Information

Input fields for 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 April 11, 2014. Please e-mail your request to Julie DiCarlo at jdicarlo@ahint.com or fax to 856-439-0525.

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.

3 WAYS TO REGISTER. 1 Mail your registration with payment to: DNA Registration, 15000 Commerce Pkwy, Ste C, Mt. Laurel, NJ 08054-2212. 2 Fax your registration form with credit card information to: ATTN: DNA Registration, 856-439-0525. 3 Online: 2014.dnanurse.org Credit Card payments only.