

**5<sup>th</sup> Biennial NAINA Education Conference & 10<sup>th</sup> Anniversary Registration Form**

Waterford Banquet & Conference Center  
October 21 & 22, 2016 • Elmhurst, Illinois



**Step 1 of 3 - Personal Information (Please Print)**

First Name	MI	Name of Chapter Association	State
Last Name		Name of Nursing School/College	
Email Address		Name of Alumni Association (If Applicable)	
Home Address		Home Phone	Mobile Phone
City	State/Province	Emergency Contact Name	
Zip Code	Country	Emergency Contact Number	Relationship

**Step 2 of 3 - Registration**

**Registration Fee (US Dollars Only):** Registration fee covers educational sessions including conference materials, certificate, and contact hours.

Conference Dates/Time:

Oct 21, 2016 (8:00 AM – 5:30 PM)  
Oct 22, 2016 (8:00 AM – 5:30 PM)  
Onsite Registration on both days:  
(7:15 – 10:00 AM)

Select <b>one</b> option listed:	Early Bird Registration <b>Ends Sept 30<sup>th</sup></b>	Regular Registration <b>Oct 1st – Oct 7<sup>th</sup></b>	Late Reg Fee \$15 <b>Oct 8<sup>th</sup> – Onsite</b>
<b>Members</b>	<input type="radio"/> \$250.00	<input type="radio"/> \$275.00	<input type="radio"/> \$290.00
<b>Non Members</b>	<input type="radio"/> \$275.00	<input type="radio"/> \$300.00	<input type="radio"/> \$315.00
<b>*Students</b>	<input type="radio"/> \$200.00	<input type="radio"/> \$225.00	<input type="radio"/> \$240.00
<b>Retired Members</b>	<input type="radio"/> \$200.00	<input type="radio"/> \$225.00	<input type="radio"/> \$240.00

\*Nursing students working towards their first nursing license.

**Gala Night Dinner (Oct 22<sup>nd</sup>) 6-10 PM:** Guest tickets can be purchased for \$55.00 per person.  Guest(s) # \_\_\_\_\_  
**Meals & Special Requests:** Please check the box(s) for vegetarian meals:  Self  Guest(s) # \_\_\_\_\_

Please specify any special or ADA dietary needs: \_\_\_\_\_

**Cancellations, Refund & Return Check Policy:** Cancellations on or before July 31, 2016 will be refunded the full amount after deduction of \$50.00 for processing fee. Cancellations from August 1 to October 7, 2016 will be refunded 50% of the paid amount. There will be no refunds after October 7, 2016. All returned checks will incur a fee of \$35.00.

**Hotel Accommodation:** Clarion Inn, 933 S. Riverside Drive, Elmhurst, IL 60126. (630)279-0700. clarioninnelmhurst.com  
All registrants are expected to book the hotel directly. Mention the NAINA conference while booking for reduced rate of \$99.00 per night. **Do not send payments for accommodations to NAINA.** Deadline for NAINA rate: **September 21, 2016**

**TOTAL AMOUNT ENCLOSED** (Please Make Check Payable to NAINA): \$ \_\_\_\_\_

Mail registration form along with payment to: **NAINA, Mary Xavier, PO Box 2456, Northlake, IL 60164-2583**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Step 3 of 3 – Demographic Survey**

1. Gender:  Male  Female
2. Age Range:  Less than 25  25-35  36-50  51-65  more than 65  Declined
3. Name of Basic Nursing School Education (Specify Country): \_\_\_\_\_
4. Basic Degree Received: \_\_\_\_\_
5. Year Graduated from Basic Nursing School (Example: 1995): \_\_\_\_\_
6. Highest Educational Attainment:  Diploma  ADN  BS in Nursing  BS in Non-Nursing  MS in Nursing  
 MS in Non-Nursing  Doctorate in Nursing  Doctorate in Non-Nursing  Other
7. Currently Enrolled in Higher Education:  No  Yes (Specify) \_\_\_\_\_
8. Work Status:  Full time in Nursing  Part time in Nursing  Per-diem in Nursing  Employed outside of Nursing  
 Unemployed  Student  Retired  Other
9. State Licensed to Practice: \_\_\_\_\_
10. Employer:  For- Profit  Non- Profit  Government  State  Federal  Other
11. National Certification:  No  Yes (Specify) \_\_\_\_\_
12. Nursing Salary per Year:  Less than \$10,000  \$10,001 - \$25,000  \$25,001- \$35,000  
 \$35,001- \$50,000  \$50,001- \$75,000  \$75,001- \$100,000  \$100,001- \$125,000  
 \$125,001- \$150,000  \$150,001+
13. Total years of nursing experience:  0-1years  2-3 years  4-5 years  6-10 years  11-15 years  
 16-20 years  21-25 years  26- 30 years  31- 40 years  41- 50 years  > 50 years  Declined
14. Advanced Practice Nurses:  Not Applicable  Nurse Practitioner  Clinical Nurse Specialist  
 Nurse Midwife  Nurse Anesthetist
15. Area of Nursing Focus/ Specialty:  Administration  Ambulatory Care  Case Management  
 Community/ Public Health  Critical Care  Emergency  Education/ Staff Development  
 Education/ Academia  Geriatrics  Home Health Nursing  Hospice  Informatics  Management  
 Medical Surgical  Occupational Health  Pediatrics  Perinatal (OB/Nursery)  
 Perioperative (OR/PACU)  Psych/ Mental Health  Quality/ Outcomes Management  
 Rehabilitation  Research  School Nurse  Skilled Nursing/ Assisted Living  
 Consultant (Specify) \_\_\_\_\_  Other

For questions about registration please contact the registration committee chairs and/or program conveners below:

**Mary Jose BSN, RN, CCDS**  
Registration Chair – NAINA  
(678) 357 - 6433  
josepauline1988@gmail.com

**Mary Regina Xavier, MSN, RN**  
Registration Chair – INAI  
(630) 887 - 6663  
maryregina2000@hotmail.com

Hosted by  
Indian Nurses Association of  
Illinois – INAI

**Archana Philip, BSN, RN**  
Reg Committee Member – NAINA  
(646) 496 - 7519

**Chinnamma Philip, BS, RN**  
Reg Committee Member – INAI  
(847) 372 - 8535

**Sara Gabriel, MSN, MBA, RN**  
President – NAINA  
(773) 793 - 4879

**Mercy Kuriakose, MSN, RN**  
President – INAI  
(773) 865 - 2456



**PAYMENT SUMMARY (OFFICAL USE ONLY)**

REG# \_\_\_\_\_ Registration Fee:  Paid in full \$ \_\_\_\_\_  Personal Check  Cash  Receipt given

Name of NAINA Registrar \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_