



National Patient Safety Foundation
14th ANNUAL
PATIENT SAFETY CONGRESS
MAY 23-25, 2012
 GAYLORD NATIONAL HOTEL AND CONVENTION CENTER • WASHINGTON, DC



Registration Form

Please print clearly and complete all sections on pages 1 and 2.

Registrant Information

FIRST NAME _____

LAST NAME _____ SUFFIX(ES)/CREDENTIALS _____

FIRST NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE _____

JOB TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

Registrant Options

	Through Dec 31, 2011	Jan 1–Mar 15, 2012	After Mar 15, 2012
<input type="checkbox"/> Congress - May 24 & 25	\$1,000	\$1,045	\$1,145
<input type="checkbox"/> Congress One Day - May 24	\$600	\$625	\$645
<input type="checkbox"/> Congress One Day - May 25	\$600	\$625	\$645
<input type="checkbox"/> Exhibit Hall Only			\$300

Pre-Congress Programs (select one only)

- Leadership Day (full day) \$550
- Measurement Boot Camp (full day) \$550
- Measurement Boot Camp (half day AM) \$300
- Measurement Boot Camp (half day PM) \$300
- Patient Safety 101 (full day) \$550
- Patient Safety 101 (half day AM) \$300
- Patient Safety 101 (half day PM) \$300

Registration Total \$ _____

Register Today!

Mail:
 National Patient Safety Foundation
 c/o PPI
 317 Tiffany Court
 Gibsonia, PA 15044
Fax: 866.501.4037

**Questions about registration
 or accommodations? Contact:**
 Natalie Burnside
 412.287.5108
nburnside@npsf.org

Super Early Bird registrations must be received or postmarked by **December 31, 2011**. *Early Bird* registrations must be received or postmarked by **March 15, 2012**.

Payment must be included at the time of registration. Your registration will not be considered confirmed until full payment has been received.

Discounted registration fees are available for NPSF members, Congress faculty, and students through online registration at www.npsf.org.

Other Information

Special Needs (e.g., ADA, Dietary, Allergies)

Yes _____

What kind of Continuing Education Credits do you require?

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> ACHE II | <input type="checkbox"/> CNE |
| <input type="checkbox"/> ASHRM | <input type="checkbox"/> CPE |
| <input type="checkbox"/> CEU | <input type="checkbox"/> CPHQ CE |
| <input type="checkbox"/> CME | <input type="checkbox"/> NONE |

Role/Title (select up to 3)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Quality Director/
Manager |
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Marketing | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Risk Director/
Manager |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Patient Safety Officer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Chief Nursing Officer | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Physician | |
| <input type="checkbox"/> Chief Quality Officer | <input type="checkbox"/> President | |
| <input type="checkbox"/> Educator | | |

Organization Type (select up to 3)

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Medical Group Practice | <input type="checkbox"/> Physician Office
Practice |
| <input type="checkbox"/> Ambulatory/Outpatient
Facility | <input type="checkbox"/> Military | <input type="checkbox"/> Research |
| <input type="checkbox"/> Government Agency
(State or Federal) | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health System | <input type="checkbox"/> Patient/Family Group | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Professional
Association/
Foundation | |

Approximate size of your organization

- | | |
|--|--|
| <input type="checkbox"/> 1–100 full time employees | <input type="checkbox"/> 501–1,000 |
| <input type="checkbox"/> 101–250 | <input type="checkbox"/> 1,001–5,000 |
| <input type="checkbox"/> 251–500 | <input type="checkbox"/> More than 5,000 |

Your primary reason(s) for attending Congress (select up to 3)

- | | | |
|--|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Networking | <input type="checkbox"/> New products
and services |
| <input type="checkbox"/> Continuing Education
credits | <input type="checkbox"/> New ideas and best
practices | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Location (Washington, DC) | | |

Is this your first NPSF Annual Congress?

- Yes
 No

Hotel Accommodations

Gaylord National Hotel & Convention Center

Per night, single/double:

Hotel rate \$268.00

Resort fee \$15.00

State and local taxes..... \$45.28

Total \$328.28

Reservations can be made as follows:

Online:

<http://tinyurl.com/npsf-reservations>

Phone:

301.965.4000

Group Code:

A-NPS12

The cut-off date for reservations at the group rate is **April 19, 2012**. Rooms are available at the group rate on a first-come, first-served basis until the room block is sold-out.

Payment

Check enclosed (payable to National Patient Safety Foundation)

Check Total..... \$ _____

Visa / MasterCard / AmEx (circle one) Information

Please charge my Registration Total (from page 1) \$ _____

CARD NUMBER

SECURITY CODE

NAME ON CARD

EXPIRATION

AUTHORIZED SIGNATURE

DATE

BILLING ADDRESS

CITY

STATE

ZIP

Cancellation Policy

Cancellations must be made online or be sent in writing to nburnside@npsf.org. Cancellations received by March 25, 2012: Full Refund (less \$30 processing fee); received between March 26 and May 2, 2012: \$150 Cancellation Fee; received after May 2, 2012: No Refund. No-shows are nonrefundable. In the unlikely event of program cancellation, NPSF will refund 100 percent of registration fees paid. NPSF assumes no liability for any penalty fees on airline tickets, deposits for hotel accommodations, or any other fees, charges, penalties, or other incidental costs that a registrant might incur as a consequence of program cancellation. It is the policy of NPSF not to discriminate against any person on the basis of disabilities. Please contact nburnside@npsf.org with specific inquiries.