npsfcongress.org **National Patient Safety Foundation**

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

	Dec 1, 2013–Mar 30, 2014	After Mar 30, 2014
☐ Congress: May 15 and 16	$1,000	$1,150
☐ Congress One Day: May 15	$650	$650
☐ Congress One Day: May 16	$650	$650
☐ Exhibit Hall Only		$300

Pre-Congress Programs – Wednesday, May 14 *(select one only)*

☐ Leadership Day: Quality and Safety (full day May 14)	$450
☐ Patients and Families (full day May 14)	$450
☐ Just Culture and Safety Science (full day May 14)	$450
☐ Health Care Simulation (full day May 14)	$450
☐ CPPS Review Course (full day May 14)	$200 / $225

Donation* – As a not-for-profit organization, the National Patient Safety Foundation is especially grateful to generous donors who give to support our programs, research and outreach. Your donation will help fund important work that keeps NPSF vital for the future. Thank you.

☐ Donation amount ..... $_____

Registration Total $_____

* The Patients and Families program and the Health Care Simulation program will convene together for the afternoon session.

** The National Patient Safety Foundation is a 501(c)3 organization. Your donation is tax deductible to the fullest extent allowed by law.

Early Bird registrations must be received or postmarked by **March 30, 2014**.

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 npsfcongress.org.

Other Information

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

☐ Yes _____

What kind of Continuing Education Credits do you require?

☐ ACHE II
☐ ASHRM
☐ CEU
☐ CME
☐ CNE
☐ CPE
☐ CPHQ CE
☐ None

Role/Title *(select up to 3)*

☐ Administrator
☐ Chief Executive Officer
☐ Chief Financial Officer
☐ Chief Medical Officer
☐ Chief Nursing Officer
☐ Chief Operating Officer
☐ Chief Quality Officer
☐ Educator
☐ Executive Director
☐ Marketing
☐ Nurse
☐ Patient Safety Officer
☐ Pharmacist
☐ Physician
☐ President
☐ Vice President
☐ Quality Director/Manager
☐ Researcher
☐ Risk Director/Manager
☐ Student
☐ Other _____

Organization Type *(select up to 3)*

☐ Academic Institution
☐ Ambulatory/Outpatient Facility
☐ Consulting Firm
☐ Government Agency (State or Federal)
☐ Health System
☐ Hospital
☐ Insurance Firm
☐ Medical Group Practice
☐ Military
☐ Non-profit
☐ Patient/Family Group
☐ Professional Association/Foundation
☐ Physician Office Practice
☐ Quality Improvement Organization
☐ Research
☐ Other _____

Approximate size of your organization

☐ 1–100 full time employees
☐ 101–250
☐ 251–500
☐ 501–1,000
☐ 1,001–5,000
☐ More than 5,000

Please continue on page 2 →

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

Other Information *(continued)*

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

☐ Education
☐ Continuing Education credits
☐ Location (Orlando)
☐ Networking
☐ New ideas and best practices
☐ New products and services
☐ Other _____

Is this your first NPSF Annual Congress?

☐ Yes ☐ No

Do you have an affiliation with NPSF? *(select all that apply)*

☐ I am a member of American Society for Professionals in Patient Safety (ASPPS)
☐ I am a member of the Stand Up For Patient Safety program
☐ I am a Certified Professional in Patient Safety (CPPS)
☐ I am a member of the NPSF Corporate Council

Do you use a smartphone and/or tablet?

☐ Yes ☐ No

If yes, what operating system(s) do you use?

☐ iOS ☐ Android ☐ Blackberry

Would you download the conference app on your smartphone or tablet?

☐ Yes ☐ No

Hotel Information

Renaissance Orlando at SeaWorld
6677 Sea Harbor Drive
Orlando, FL 32821

NPSF has secured a group rate of $179 (excluding local taxes)

Reservations can be made by calling the hotel directly at:
800-380-7917 or 407-351-5555
Be sure to reference the National Patient Safety Foundation group rate.
Or go online to:
https://aws.passkey.com/event/10732882/owner/210/home

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 . . . . . $_____

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

Visa / MasterCard / AmEx *(circle one)* Information

CARD NUMBER _____ SECURITY CODE _____

NAME ON CARD _____ EXPIRATION _____

AUTHORIZED SIGNATURE _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Cancellation Policy

Cancellations must be made in writing to nburnside@npsf.org.

By March 30, 2014: Full Refund (less $30.00 processing fee)

April 1–April 14, 2014: $150.00 Cancellation Fee

After April 14, 2014: No Refund

No-shows are non-refundable. 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, any other fees charged as 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 info@npsf.org with specific inquiries.