npsf.org/congress **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

Registration Options

	Through Mar 18, 2016	After Mar 18, 2016
☐ Congress: May 24 and May 25	$1,050	$1,250
☐ Congress One Day: Tuesday, May 24	$650	$650
☐ Congress One Day: Wednesday, May 25	$650	$650
☐ Exhibit Hall Only		$300

Immersion Workshops

Full-day, Monday, May 23. Register for ONE.

☐ Certified Professional in Patient Safety (CPPS) Review Course	$350	$450
☐ Leadership Day: High Reliability	$350	$450
☐ Communication and Resolution Programs	$350	$450
☐ Patient Safety Science: Improving Root Cause Analyses and Actions to Prevent Harm	$350	$450

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 ..... $_____

Amount Total $_____

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

Save with Early Bird registration. Registrations must be received or postmarked by **March 18, 2016**.

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 npsf.org/congress.

Other Information

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

☐ Yes _____

What kind of Continuing Education Credits do you require?

(check all that apply)

☐ ACHE II
☐ CE
☐ CME
☐ CNE
☐ CPE
☐ CPHQ CE
☐ CPHRM
☐ CPPS
☐ Other _____
☐ None

Role/Title *(select up to 3)*

☐ Administration
☐ Chief Executive Officer/ President
☐ Chief Financial Officer
☐ Chief Medical Officer
☐ Chief Nursing Officer
☐ Chief Operating Officer
☐ Chief Quality/Risk Officer
☐ Educator
☐ Executive Director
☐ Marketing
☐ Nurse
☐ Patient Safety Officer
☐ Pharmacist
☐ Physician
☐ Quality Director/ Manager
☐ Researcher
☐ Risk Director/Manager
☐ Student
☐ Vice President
☐ 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
☐ Patient Safety Organization (PSO)
☐ Quality Improvement Organization (QIO)
☐ Research
☐ Vendor/Consultant
☐ 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

Email: nburnside@npsf.org
Fax: 866.501.4037

Questions? 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 (Scottsdale)
☐ 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 Patient Safety Coalition

Hotel Information

The Westin Kierland Resort & Spa
6902 E. Greenway Parkway
Scottsdale, AZ 85254

Attendees can book accommodations by going online: **https://www.starwoodmeeting.com/events/start.action?id=1508261283&key=158FD2A0**

or by calling the hotel directly: **1-480-624-1000** or **1-800-Westin-1** (**1-800-937-8461**).

Please indicate that you are with the National Patient Safety Foundation. Sleeping rooms are available on a first-come, first-served basis within the designated NPSF block.

Rates are $229 per night, exclusive of state and local taxes.

Hotel website home page: **http://kierlandresort.com/**

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

This registration is being paid for by

☐ Myself ☐ My organization

Cancellation Policy

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

By March 25, 2016: Full Refund (less $30.00 processing fee)

March 26–April 24, 2016: $150.00 Cancellation Fee

After April 24, 2016: 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.