



REGISTRATION FORM

NOVA 38TH ANNUAL MEETING

REGISTRATION DETAILS

Mr.
 Ms.
 Sir
 Madam

First Name: Last Name:

Position: Credentials:

VA Facility/Organization:

Address:

Zip code: City: State:

Phone: Fax:

Email:

REGISTRATION FEE

| | NOVA Member | | Non-Member | | NOVA Nurse Emeritus | | Non-licensed Nursing Student Registration | |
|--|--|---|--------------------------|--------|--------------------------|--------|---|--------|
| Full Meeting Registration <i>October 11 – 12, 2018</i> | <input type="checkbox"/> | \$ 400 | <input type="checkbox"/> | \$ 500 | <input type="checkbox"/> | \$ 215 | <input type="checkbox"/> | \$ 215 |
| Daily Registration <i>You must select one:</i> [] Friday [] Saturday | <input type="checkbox"/> | \$ 215 | <input type="checkbox"/> | \$ 275 | Not Applicable | | | |
| Guest Registration (Non-VA Employee) <i>Includes access into the general sessions and exhibit hall</i> | <input type="checkbox"/> | \$215 Please provide the following information for your guest: First Name: _____ Last Name: _____ City: _____ State: _____ | | | | | | |
| Optional Event: Richmond Folk Festival Saturday, October 13 12:00 – 4:00 pm | <input type="checkbox"/> Please indicate if you wish to attend the optional event by checking off the box. <i>Attendance is free and will include transportation to and from the hotel & festival.</i> | | | | | | | |

The registration fee includes access to all educational sessions, exhibit hall, receptions and coffee breaks. Meals are not provided by NOVA.



The Nursing Organization of Veterans Affairs welcomes individuals with disabilities. Please describe any accommodation needed for successful inclusion in the program: _____. To view accessibility information for the Hilton Richmond Hotel & Spa/Short Pump, please [click here](#) or call 1-804-364-3600.

CANCELLATION POLICY

Cancellations must be in writing to vconverse@vanurse.org at least 28 days prior to the event. There will be no refunds after September 13, 2018 (unless extreme circumstances exist.) **A \$25 processing fee will be charged for all cancellations.** Signing below acknowledges you have read and understand the NOVA Registration Cancellation Policy.

Signature

Date

PAYMENT

Payments can be accepted via credit card or check. Checks should be made out to the Nursing Organization of Veterans Affairs and should include reference to the registrant's name. Please send all checks to the following address:

NOVA
Attn: Victoria Converse
1120 Route 73, Suite 200
Mount Laurel, NJ 08054

| | | | |
|---|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> CREDIT CARD: | <input type="checkbox"/> American Express | <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA |
| Cardholder: | Amount Authorized: | | |
| Card #: | Expiration Date: | Security Code (CVC): | |
| Date: | Signature: | | |
| Paying via check: <input type="checkbox"/> Enclosed with my registration form | | | |

DATA PROTECTION STATEMENT & PERSONALITY / IMAGE RIGHTS

By filling out the registration form, the participant gives consent that NOVA can process the data provided within the framework of the conference and allow photographs to be made during the conference. This includes, unless registered participants object, all handling needed for the applicant's participation at the event and for the drafting of a list of participants which will be distributed at the conference, and placing photographs in the pictures gallery accessible only by participants and NOVA members, in the NOVA newsletter or selecting some for articles on the conference in web/printed publications.