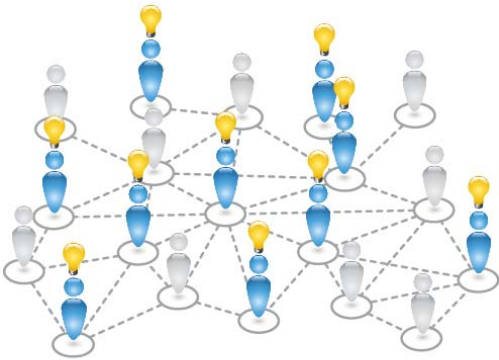


IONL 31st ANNUAL CONFERENCE REGISTRATION FORM (Online registration preferred!!)



**INNOVATIVE PATIENT CARE DELIVERY MODELS:
EXCHANGING IDEAS
WITH THE INNOVATORS**

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Yes No Include my name in the conference attendee brochure

Yes, I would like to receive contact hours

Your employer is located in which IHA Region?:

1A
 2C

1B
 3A

2A
 3B

2B
 4/5

Please check the box next to any certifications you have received:

CENP (AONE)
 NEA-BC (ANCC)

CNML (AONE)
 Other _____

NE-BC (ANCC)

Please indicate if you would like to volunteer for an IONL Committee:

Member Engagement
 Bylaws

Career Development
 Audit

Policy & Advocacy
 Nominations

Are you a member of AONE? Yes No

Registration Fees: Includes meeting materials, continental breakfast, breaks, luncheon, cocktail reception and annual business meeting.

Conference Registration with 2011 Membership Dues*

Salary under \$80,000 \$375
Salary \$80,000 and over \$475

*Includes Regional Dues

Conference Registration Only

Member \$275
Non-Member \$325
Student \$100

Payment Type: Check MasterCard Visa Discover American Express

Credit Card No.: _____ Exp. Date: _____

Signature: _____ Date: _____

Non-refundable after **Friday, September 10, 2010**; \$75.00 service charge for all cancellations. Make checks payable to **Illinois Organization of Nurse Leaders**; 310 W. Lake Street, Ste 111, Elmhurst, IL 60126. For questions, call 630.617.5153. Fax: 630.563.9181 IONL FEIN: 36-3593616

This continuing nursing education activity was submitted for approval to the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.