

**SUNA uroLogic Conference Registration Form**  
October 28-31, 2021 | St. Louis, MO

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Preferred Mailing Address  home  work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Phone:  home  work  cell (\_\_\_\_\_) \_\_\_\_\_

**Required attendee email address:** \_\_\_\_\_

*To receive your receipt/confirmation, conference updates, and to be used to login for contact hours.*

**Including this meeting, how many National SUNA Conferences have you attended?**  1  2  3  4  5+

I am interested in being a moderator.  yes Dietary/Disability need \_\_\_\_\_

Would you like to have a mentor?  yes Would you like to be a mentor?  yes

PRECONFERENCE REGISTRATION FEES - October 28, 2021		MEMBER	NONMEMBER	AMOUNT
<b>010</b> Pharmacology 7:30 am - 11:45 am	<input type="checkbox"/>	\$115	<input type="checkbox"/>	\$190
<b>020</b> Certification Review Course - RN 7:30 am - 5:15 pm	<input type="checkbox"/>	\$140	<input type="checkbox"/>	\$215
<b>030</b> Cystoscopy 7:30 am - 5:15 pm	<input type="checkbox"/>	\$175	<input type="checkbox"/>	\$250
<b>040</b> Pelvic Floor PT 1:00 pm - 5:15 pm	<input type="checkbox"/>	\$135	<input type="checkbox"/>	\$210
<b>101</b> OAB Bootcamp 12:00 pm - 5:00 pm (check box if attending)	<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$0
MAIN CONFERENCE REGISTRATION FEES - October 29-31, 2021		MEMBER	NONMEMBER	AMOUNT
Early Fee - on or before 9/22/21	<input type="checkbox"/>	\$445	<input type="checkbox"/>	\$545
Regular/Onsite Fee - after 9/22/21	<input type="checkbox"/>	\$485	<input type="checkbox"/>	\$585
DAILY REGISTRATION FEES - October 29-31, 2021		MEMBER	NONMEMBER	AMOUNT
Early Fee - on or before 9/22/21	<input type="checkbox"/>	\$215	<input type="checkbox"/>	\$250
Regular/Onsite Fee - after 9/22/21	<input type="checkbox"/>	\$230	<input type="checkbox"/>	\$265
Please check the day(s) you plan to attend: <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				
Guest badges (other than attendee) See page 14 for details. Guest name _____ <input type="checkbox"/> Exhibit Hall \$50				AMOUNT
MEMBERSHIP				AMOUNT
<b>Join SUNA for \$85 with registration and select member pricing</b> <input type="checkbox"/> Join <input type="checkbox"/> Renew <b>add \$85</b> <small>Fill out next page and return with registration or complete online. Membership is non-refundable/non-transferable. Membership must be valid through October 31, 2021 to qualify for member rates. Current members may renew their membership with their conference registration. Membership will commence upon current expiration.</small>				
Foundation Donation (multiples of \$10)		_____ x \$10	Total	
PAYMENT				
Check enclosed payable in US funds to: <b>SUNA</b>			Total Amount Enclosed	
<b>OR charge my</b> <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express  _____ Credit Card Number Exp. Date _____ Security Code _____		Card holder name (please print) _____ Credit card billing address _____ _____ Signature _____		

Please indicate 1st and 2nd choice for all Concurrent sessions. General sessions open to all registered attendees.

FRIDAY, OCTOBER 29					SATURDAY, OCTOBER 30				
<b>CONCURRENT SESSIONS</b>									
<b>2:00 pm - 3:00 pm</b>	<b>151</b>	<b>152</b>	<b>153</b>	<b>154</b>	<b>1:30 pm - 2:30 pm</b>	<b>251</b>	<b>252</b>	<b>253</b>	<b>254</b>
<b>4:30 pm - 5:30 pm</b>	<b>161</b>	<b>162</b>	<b>163</b>	<b>164</b>	<b>2:35 pm - 3:35 pm</b>	<b>261</b>	<b>262</b>	<b>263</b>	<b>264</b>
					<b>3:45 pm - 4:45 pm</b>	<b>271</b>	<b>272</b>	<b>273</b>	<b>274</b>

For cancellations received in writing by September 22, 2021 a \$75 administrative fee will be assessed and the balance will be remitted to the original form of payment. No refunds will be made after September 22, 2021. Membership fee is non-refundable, non-transferable. SUNA reserves the right to cancel programs because of emergencies, labor strikes, pandemic, Force Majeure, and insufficient registration or sponsorship.



**ONLINE**  
suna.org



**FAX**  
856-218-0557



**MAIL**  
**SUNA Registration**  
East Holly Avenue/Box 56  
Pitman, NJ 08071-0056

# SUNA Membership Application

## Select your membership category.

- Active**
- One year **\$85**
- Two years **\$160**

- Sustaining \$125**  
(Physicians, industry representatives)

- Student \$55**  
(Full-time undergraduate nursing student. Proof of full-time enrollment status must be provided.)

- International Fee**  
(Non US or Canada)
- Active One year **\$105**
- Active Two years **\$210**
- Sustaining One year **\$145**
- Student One year **\$75**

## Please print clearly.

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Preferred Daytime Phone  Home  Work Preferred Mailing Address  Home  Work

## Please check one box for each.

Recruited by \_\_\_\_\_

### 1. BASIC LICENSURE

- 1 RN
- 2 LPN
- 3 LVN
- 4 PA
- 5 Technician
- 6 MD
- 7 NP
- 8 CNS
- 9 MA
- A PT
- Z Other \_\_\_\_\_

### 2. CERTIFICATION

- 1 CWOCN \_\_\_\_ CUNP
- 2 CCCN \_\_\_\_ CUCNS
- 3 CNOR \_\_\_\_ CURN
- 4 CNP \_\_\_\_ CUPA
- 5 CMA/CNA \_\_\_\_ CUA
- 6 Other \_\_\_\_\_

### 3. HIGHEST LEVEL EDUCATION

- 1 High School
- 2 Diploma RN
- 3 AD Nursing
- 4 AD Other
- 5 BS Nursing
- 6 BS/BA Other
- 7 MS Nursing
- 8 MS/MA Other
- 9 DNS Nursing
- A DNP Nursing
- B Doctorate Other
- C MD

### 4. PLACE OF EMPLOYMENT

- 1 Hospital
- 2 Extended Care/Rehab
- 3 MD Office
- 4 Clinic
- 5 Home Health Care
- 6 School of Nursing
- 7 Industry
- 8 Military
- 9 Self-Employed
- A Retired
- B Government/VA
- C Other \_\_\_\_\_

### 5. YEARS IN UROLOGY

- 1 Less than 1
- 2 1-5
- 3 6-10
- 4 11-15
- 5 Over 15

### 6. PERCENT OF TIME IN UROLOGY

- 1 1-24%
- 2 25-49%
- 3 50-74%
- 4 75-99%
- 5 100%

### 7. CLINICAL PRACTICE AREA

- (check **all** that apply)
- 1 Operating Room/Cystoscopy
  - 2 Ambulatory Surgery
  - 3 Urodynamics
  - 4 Lithotripsy (ESWL)
  - 5 Incontinence
  - 6 Pediatrics
  - 7 Oncology
  - 8 Sexual Dysfunction
  - 9 Nursing Education
  - A Staff Development
  - B Hospital/Inpatient
  - C Office, Clinic and Outpatient
  - D Geriatrics
  - E Research

### 8. PRIMARY CLINICAL PRACTICE AREA

- (please **check one only**)
- 1 Operating Room/ Cystoscopy
  - 2 Ambulatory Surgery
  - 3 Urodynamics
  - 4 Lithotripsy (ESWL)
  - 5 Incontinence
  - 6 Pediatrics
  - 7 Oncology
  - 8 Sexual Dysfunction
  - 9 Nursing Education
  - A Staff Development
  - B Hospital/Inpatient
  - C Office, Clinic and Outpatient
  - D Geriatrics
  - E Research

**\$21.00 of the membership dues is applied to a subscription to the *Urologic Nursing Journal*.**

## Payment Options.

- Check is enclosed payable in US Funds to **SUNA**
- Charge my  VISA  Master Card  American Express

Amount \$ \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Name of card holder \_\_\_\_\_

Credit card billing address \_\_\_\_\_

Signature \_\_\_\_\_

Conference Management by:  
Anthony J. Jannetti, Inc. | East Holly Avenue, Box 56 | Pitman, NJ 08071-0056  
856-256-2300 | www.ajj.com

## COVID Waiver and Release of Liability

To ensure the health and safety of all participants, SUNA requires that you acknowledge and accept the risks and requirements associated with participation in the 2021 uroLogic Conference.

### Waiver and Release of Liability

I acknowledge that I am over 18, competent to give my consent, and accept the risks associated with participation in this event, including without limitation, the possibility of contracting COVID-19, which could result in a serious medical condition or other outcome.

I also hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against SUNA or Anthony J. Jannetti, Inc. and their affiliated partners and sponsors, including in each case, without limitation, their owners, directors, trustees, officers, agents, employees, volunteers, or other representatives, and, either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to bodily injury, illness, economic loss or out-of-pocket expenses which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in this event and promise that I shall not sue any of the above parties in pursuit of any remedies thereof. I do so voluntarily, with sufficient understanding of the risks involved, free from any inducement or representation, and as my own free act and deed with full intention to be bound by these terms.

Participant Name (print): \_\_\_\_\_

Participant Signature (sign): \_\_\_\_\_ Date: \_\_\_\_\_

### Safety Requirements

**When you pick up your registration packet on-site, you will be asked to affirm the following information in writing.**

- You do not currently nor within the past fourteen (14) days have any symptoms which the CDC has defined as associated with COVID-19, which include but are not limited to, fever, chills, cough, new loss of taste or smell, and shortness of breath.
- You do not believe that you may have been exposed to a confirmed or suspected case of COVID-19 and have not been diagnosed with COVID-19 without being cleared as non-contagious by state or local public health authorities or the health care team responsible for your treatment.

If your condition changes during the Conference with respect to any of the above, you agree to immediately remove yourself from participation and to contact hotel security, per their policies and procedures.

While in physical attendance at this event, you agree to comply with all rules, regulations, and guidelines designed to prevent the spread of COVID-19 as indicated by any federal, state, or local laws as well as any imposed by the venue, by SUNA, or by any of their representatives or agents.