

MNA HEADQUARTERS REGISTRATION

Registration Directions: Registration will be processed on a space available basis. All programs are free to members, however there is a place holder fee of \$25 for all evening programs and \$50 for all full day programs (except for ACLS). This fee will be returned upon attendance at the program. Program fees for non-members are \$95 for evening programs and \$195 for all full day programs (except for ACLS). If registrants do not attend the program or call to cancel, the fee will NOT be refunded.

Payment: Payment may be made with a Master Card, Visa or AMEX by calling the MNA contact person listed or by mailing a **separate check for each program** to the MNA, 340 Turnpike Street, Canton, MA 02021.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781.821.4625 or 800.882.2056 to determine whether a program will run as originally scheduled. Registration fee will be reimbursed for all cancelled programs.

Contact Hours: Contact hours will be awarded by the Massachusetts Nurses Association for

all programs except for ACLS certification. Contact hours for ACLS certification are awarded by the Rhode Island State Nurses Association.

To successfully complete a program and receive contact hours or a certificate of attendance, you must: (1) sign in; (2) be present for the entire time period of the program; and (3) complete and submit the program evaluation.

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Rhode Island State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Please avoid wearing scented personal products when attending MNA continuing education programs.

Disability Help: Please contact the MNA Division of Nursing with any questions about special needs accessibility.

Due to heavy traffic volume on major roadways, please allow extra travel time.

Directions to MNA Headquarters

From Logan International Airport: Take the Ted Williams Tunnel. Follow signs to I-93 S/ SOUTHEAST EXPRESSWAY. Stay on I-93 S for approximately 15 miles. Take EXIT 2A/ RT-138 S/ STOUGHTON. Follow directions from RT-138 below.

From Boston: Take I-93 S/ SOUTHEAST EXPRESSWAY. Stay on I-93 S to EXIT 2A/ RT-138 S/ STOUGHTON. Follow directions from RT-138 below.

From Cape Cod/South Shore: Take RT-3 N. Merge onto US-1 S/ I-93 S via exit number 20 on the left toward I-95/ DEDHAM. Take EXIT 2A/ RT-138 S/ STOUGHTON. Follow directions from RT-138 below.

From the North: Take I-95 S/ RT-128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to BRAintree/ CAPE COD." Continue onto I-93 N/ US-1 N for 1.2 miles. Take EXIT 2A/ RT-138 S/ STOUGHTON. Follow directions from RT-138 below.

From the West: Take Mass. Pike East to I-95 S/ RT-128 S. Take I-95 S/ RT-128 S to I-93 N/ US-1 N. You will see a sign reading "I-93 N to BRAintree/ CAPE COD." Continue onto I-93 N/ US-1 N for 1.2 miles. Take EXIT 2A/ RT-138 S/ STOUGHTON. Follow directions from RT-138 below.

From RT-138 (Turnpike Street): Drive approximately 2 miles (you will pass through two traffic lights). Take a left at the billboard which reads 320-348 Turnpike Street. Follow the road, which curves to the right. You will see the brick Massachusetts Nurses Association building. The MNA is on the second floor.

Please print. You may make copies of this form or download this brochure at www.massnurses.org.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment _____

_____ RN _____ LPN _____ APN _____ Other (specify) _____

Please mail this completed form with check made payable to MNA at: Massachusetts Nurses Association • 340 Turnpike Street • Canton, MA 02021

Payment may also be made by: VISA MasterCard American Express

Account #: _____ Expiration Date: _____

For Credit Card registrations you may fax this form to: 781-821-4445; please call to verify receipt, 781-821-4625.

For office use only: Chg code: _____ Amt: Date: _____ Ck#: _____ Ck.Date: _____ Init: _____

- Genitourinary Disorders in the Male: Nursing Implications** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Lateral Violence and Its Impact on Nursing** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Basic Dysrhythmia Interpretation** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Diabetes: What Nurses Need to Know** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- ACLS Certification and Recertification** Certification Non Member: \$250 • Certification Member/Associate Member: \$75 placeholder fee
Recertification Non Member: \$195 • Recertification Member/Associate Member: \$75 placeholder fee
- Addictions: A Comprehensive Approach for Nurses** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Domestic Violence: What Nurses Need to Know** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Interpreting Laboratory Values** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Critical and Emerging Infectious Diseases** Non Member: \$195 • Member/Associate Member: \$50 placeholder fee
- Post Traumatic Stress Disorder** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee
- Safe Patient Handling** Non Member: \$95 • Member/Associate Member: \$25 placeholder fee