

Registration

Return this form with your registration fee. Everyone who registers with a postmark by October 1, 2008 will get their name entered into a contest drawing. The winner will get their registration fees reimbursed. Make checks payable to: *So. Ca. STT Research Fund*. Mail to Marlene Ruiz, 1574 Penasco Rd., El Cajon, CA 92019.

For more information about the conference check web page <http://gammagamma.sdsu.edu/> or <http://www.omicrondelta.net/> or e-mail: marlene.s.ruiz@kp.org.

Cancellation Policy: Refunds minus a \$25.00 cancellation fee will be made for cancellations received in writing before October 9, 2008. Substitutions can be made at any time.

Name _____	<i>Check one: Thursday Friday Both days</i>
Address _____	<i>RN</i> \$135 <input type="checkbox"/> \$135 <input type="checkbox"/> \$250 <input type="checkbox"/>
_____	<i>Student</i> \$ 65 <input type="checkbox"/> \$ 65 <input type="checkbox"/> \$110 <input type="checkbox"/>
Phone: (Home) _____	<i>Retired RN</i> \$80 <input type="checkbox"/> \$80 <input type="checkbox"/> \$150 <input type="checkbox"/>
(Work) _____	<i>(Non-working)</i>
E-mail: _____	Includes program proceedings, continental breakfast, lunch, breaks and contact hours.
STTI Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider approved by the California Board of Registered Nursing, Provider #00788 for 7.5 contact hours/day
Chapter _____	Vegetarian Meal Please _____
If student, identify school: _____	First time attendee? Yes _____ No _____
How did you hear about Odyssey 2008? E-mail _____ Chapter Website _____ STTI Website _____ Flyer _____	