

For Additional information on
Symposium details
GO TO
TSSCVPR.ORG
Symposium 2018



34th Annual Symposium

High-touch Rehab Care in a High-tech Healthcare Environment

Friday Night, April 6, 2018 and Saturday April 7, 2018

TSSCVPR is an approved provider of continuing nursing education by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Attendees must attend full symposium to receive credits. No partial credits will be given.

1. REGISTRATION OPTIONS: (check one and follow instructions)

Cost	Member	Non Member *	Student
Through 3/15/18	<input type="checkbox"/> \$160	<input type="checkbox"/> \$215 *	<input type="checkbox"/> \$60 **
Through 3/30/18	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225 *	<input type="checkbox"/> \$60**
Day of Event	<input type="checkbox"/> \$190	<input type="checkbox"/> \$235*	<input type="checkbox"/> \$70* *

* MEMBERS **must** be able to verify current membership. Not sure? Go to the website and log in to members section. If you can't log in, Your membership has expired.

* ALL **non-members** who register will receive a membership with registration. Please fill out attached **new member registration**

** **Please see website and brochure on cancellation and Student Policy. Students MUST be FULL TIME.**

2. I will be attending FRIDAY NIGHT SPEED TOPICS!

3. FILL IN YOUR INFORMATION: (If receiving a membership with this registration, please fill out new member info on attached form)

NAME: _____

HOME ADDRESS: _____

CELL PHONE: _____

Email Address: _____

Hospital/Organization: _____

4. EDUCATIONAL CREDITS:

If you are seeking educational credits, please provide the following information.

RN License #: _____

ACSM certification #: _____

AARC #: _____

5. Please send check (made out to TSSCVPR) and forms to:

Pam Lowe

6898 Beaver Dam Rd

Ellendale, DE 19941

Email questions to: plowe@beebehealthcare.org

2018 TSSCVPR MEMBERSHIP APPLICATION

Name _____ Degree/Credentials _____

New application _____ Renewal _____ Most recent year of membership _____

AACVPR member? _____ Referred by _____

Please Complete both Home and Institutional Addresses

Home address will be used for membership directory listing and all correspondence unless indicated below.

*Please indicate here if you prefer your institution address to be used instead. _____ Yes

Institution Name: _____

Home Address _____

City _____

State _____ Zip _____ County _____

Phone _____

Address _____

City _____

State _____ Zip _____ County _____

Phone _____

Preferred Email for communications _____

Indicate Local Chapter Affiliation: Please check one

<i>Pennsylvania</i>		<i>New Jersey</i>
<input type="checkbox"/> Lehigh Valley	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Central Jersey
<input type="checkbox"/> Northeast	<input type="checkbox"/> South Central	<input type="checkbox"/> North Jersey
<input type="checkbox"/> North Central	<input type="checkbox"/> Twin Tiers	<input type="checkbox"/> Penn Jersey
<input type="checkbox"/> PA Mountains	<input type="checkbox"/> Western PA	<input type="checkbox"/> South Jersey
		<i>Delaware</i>
*see www.TSSCVPR.org for map of chapter territories		<input type="checkbox"/> Delaware

Work Area: Cardiac Rehab Pulmonary Rehab Both Wellness/Fitness Other:

Job Responsibilities - Check all that apply:

Nurse ExPhys/Science RT MD NP
 PA Medical Director Educator Supervisor Director
 Manager Student Dietitian Other

I agree to abide by the Code of Ethical and Professional Conduct of the Tri-State Society of Cardiovascular and Pulmonary Rehabilitation. Visit the TSSCVPR website for the code of ethics. (TSSCVPR.org)

Signature _____ Date _____

Membership fee:

\$10 Student Member – documentation of full time status required
 \$25 Individual Member for 6 months expiring on 6/30/2018

Mail to:

TSSCVPR:
 Pamela Lowe
 16898 Beaver dam Rd.
 Ellendale DE, 19941

Please make check payable to TSSCVPR