

For Additional information on
Symposium details
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TSSCVPR.ORG
Symposium 2017



TSSCVPR
Tri-State Society for Cardiovascular
and Pulmonary Rehabilitation

33rd Annual Symposium

Moving Cardiac & Pulmonary Rehab Programs & Practitioners Forward

Friday Night, April 7, 2017 and Saturday April 8, 2017

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
Day of Event	\$165.00	\$235.00	\$70.00

* 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 **new member registration** on the **BACK** of this form.

** **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 the **back** of this 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:

Ruth Akers
1457 Federal Drive
Downingtown, PA. 19335
Email questions to: AkersR@mlhs.org

2017 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

Home Address _____ City _____ State _____ Zip _____ County _____ Phone _____ Home e-mail _____	Institution Name: _____ Address _____ City _____ State _____ Zip _____ County _____ Phone _____ Fax _____ Work e-mail _____
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Indicate Local Chapter Affiliation: Please check one

<i>Pennsylvania</i>		<i>New Jersey</i>
_____ Lehigh Valley	_____ Philadelphia	_____ Central Jersey
_____ Northeast	_____ South Central	_____ North Jersey
_____ North Central	_____ Twin Tiers	_____ Penn Jersey
_____ PA Mountains	_____ Western PA	_____ South Jersey
		<i>Delaware</i>
*see www.TSSCVPR.org for map of chapter territories		_____ 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
 _____ \$45 Individual Member for 2017
 _____ \$80 Two year membership Jan 1, 2017- Dec. 31, 2018

Mail to:

TSSCVPR
 Ruth Akers
 1457 Federal Drive
 Downingtown, PA 19335

Please make check payable to TSSCVPR

Membership is effective January 1 to December 31 each year.

Membership paid past October 1st is valid through to December of the following year(s).