

THE 2019 FOCUS CONFERENCE - MEMPHIS, TN

Friday & Saturday, September. 20 & 21, 2019

You may duplicate this form, but please use only **one form per person** when registering.

For seating purposes indicate below the track you will primarily attend. You will not be restricted to that track. The AAST & BRPT will only grant credits for lectures in Focus' Sleep track. The AARC, will grant CRCEs for all lectures presented at the conference.

___ I will primarily be attending the Respiratory Care track of lectures.

___ I will primarily be attending the Sleep track of lectures.

___ I will primarily be attending the Pulmonary Diagnostics track of lectures.

Name _____ Primary Credential (one credential please) _____

Job Title: Hospital Staff RT, RT Department Director, RT Assistant Director, Supervisor or Clinical Coordinator,
 RT Homecare Manager, RT Homecare Staff Therapist, Pulmonary Function Technologist, RT/Sleep School Educator,
 Sleep Lab Staff Technologist, Sleep Lab Manager, Other Title _____

Employer _____ City _____ State _____

Home Address _____

City _____ State _____ Zip _____

Work Ph (_____) _____ Home Ph (_____) _____

AARC# (if a member) _____ BRPT# _____ AAST# _____ CE Broker# _____

Non-institutional E-Mail Address (required for confirmation) _____

REGISTRATION FEES:

___ Two day registration (9/20 & 9/21) \$275

___ One day registration - choose **one** ___ 9/20 (Friday) ___ 9/21 (Saturday) \$175

ACTIVE, RESERVE OR VETERAN MILITARY AND STUDENTS may take a \$50 discount on the above rates. Students are those who do not work for salary or possess credentials. Students must have this registration form signed by their school program director below. All claiming our military discount must include a copy of their military ID card or a copy of their DD 214 with this registration form.

Name of School _____ Program Director Signature _____

SIGNIFICANT-OTHER REGISTRATION (May attend all functions/lectures but no CEUs provided)

___ Two day registration (9/20 & 9/21) \$100

___ One day registration - choose **one** ___ 9/20 (Friday) ___ 9/21 (Saturday) \$75

Name of Significant Other _____ Primary Credential (if applicable) _____

Make checks payable to: Focus Publications, Inc. 22 South Parsonage St. Rhinebeck, NY 12572

PAYMENT BY CREDIT CARD – VISA, MASTERCARD & AMEX

(A charge will appear on your Credit Card Statement from Focus Publications, Inc.)

Credit Card registrations can be mailed to the above address or faxed to (845) 876-2940

Name on Card _____

Credit Card # _____

Amount _____ Exp. Date _____ CCV Code _____

Signature _____

All refunds will be assessed a \$35 processing fee. NO refunds will be made after September 1, 2019 for any reason.