

Registration

Name _____ Credentials (i.e. "RN") _____

Job Title _____ Organization/Business Name _____

Address: Business or Home

City _____ State _____ Zip _____

Phone: Business or Home _____ Fax _____

E-mail Address (*Important: please provide for registration confirmation*)

Omit my name from published attendee lists

Vegetarian meal requested Additional accommodations (please describe any needs)

Registration Options and Fees

\$79 - General Registration \$65 - IPN Member Registration

Add \$60 for a 2008 IPN Membership = **TOTAL \$** _____

Morning Breakout Session (*please select one*)

A. State of the Science and National Clinical Care Guidelines for Kangaroo Care
Susan Ludington, PhD CNM FAAN

B. Neonatal Drug Therapy: Implications for Developmental Outcomes
Robert Cicco, MD

Afternoon Breakout Session (*please select one*)

C. Oral Feeding Progression in the Premature Infant: Making Progress and Avoiding Pitfalls
Lynn Wolf, MOT OTR IBCLC

D. Intrauterine Substance Exposure: Impact on Infants
Terry Johnson, ARNP RNC MN

Yes, I would like to tour the Parkview NICU at:

12:30 pm

1 pm

1:30 pm

2 pm

Space is limited to 14 people per tour. You will receive confirmation by email.

Check payable to IPN enclosed Visa MasterCard Copy of check request voucher enclosed

Credit Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

CANCELLATION POLICY - Please contact IPN. A \$30 processing fee is charged for cancellations made prior to September 12, 2008—
unfortunately, no reimbursements can be issued after this date. Allow 30 days for refund processing. No-shows are invoiced.
However, attendance substitutions are accepted with notification prior to the first day of the event.

RETURN WITH YOUR PAYMENT TO IPN BY SEPTEMBER 22.

1991 East 56th St., Indianapolis, IN 46220