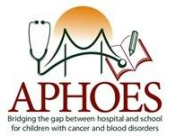


2017 Joint Conference Registration



Two Ways to Register

By Mail (include this form):

AECMN/APHOES Joint Conference 2017
Attn: Brandon Sethi
11413 Village Brook Dr. Apt 607
Cincinnati, OH 45249

Online (with Credit Card):

<https://aecmnaphoes2017.dryfta.com/en/>

Please type or print the information requested below. Your badge and confirmation information will be taken directly from this form. Please read our cancellation/refund policy located on page 5 of registration materials. One registrant per form, please. Thank you.

First and Last Name: _____

Job Title/Role: _____

Organization/Hospital: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Email: _____

Phone Number: _____

Is this your first AECMN/APHOES Conference? Yes No

Are you an AECMN Member? Yes No

Are you an APHOES Member? Yes No

Dietary Restrictions (select any that apply): No Preference

Vegetarian Gluten Free Other Click here to enter text.

I will attend the Kick-off Day on Tuesday, May 2: Yes No

I will attend the Cocktails and Networking Event on

Tuesday, May 2: Yes No

I will participate in the included lunch on Wednesday, May 3:

Yes No

I will participate in the included lunch on Thursday, May 5:

Yes No

Registration Rates

Select Registration Type and indicate total due.

- | | |
|--|----------|
| <input type="checkbox"/> Early Bird Member Registration
(received on or before March 8, 2017) | \$275.00 |
| <input type="checkbox"/> Member Registration
(after March 9, 2017) | \$325.00 |
| <input type="checkbox"/> Non-Member Registration | \$425.00 |
| <input type="checkbox"/> Student Registration | \$250.00 |
| <input type="checkbox"/> Single Day Registration | \$225.00 |

Total Due: _____

Payment Information

Check

(Payable to AECMN APHOES Joint Conference)

Credit Card

Credit Card #: _____

Name (as it appears on card): _____

Security Code: _____

Exp. Date: _____

Signature: _____

2017 Joint Conference Registration



Conference Breakout Selections

Please select one session you would like to attend within each Group time. Session descriptions can be found on Registration Website.

Wednesday, May 3, 2017

I will attend the APHOES Business Meeting: Yes No

Breakouts:

Group 1 – 11:00AM-12:00PM

- Transition Planning for Students Returning from Hospitalization: Surveying the Needs of School Personnel*
- Expanding a Hospital-Based Tutoring Program - A Collaborative Partnership*
- Developing Conceptual Understanding of Mathematics through Robotics Play for Children with Critical Illness*

Group 2 – 1:30-2:30PM

- Maker Therapy Approach: Hands-On Workshop*
- School Intervention: The Missing Link in Follow-Up Care*
- Building the Plane While You Fly It: Reconstructing a Psychiatric Hospital School Program in Portland, OR*
- The Educational Impact of Pediatric Cancer Survivors*

Group 3 – 3:30-4:30PM

- Understanding Leads to Better Performance of Students with Cystic Fibrosis*
- Relate, Reveal, Relax*
- Back to School: Now What?*

Conference Breakout Selections (continued)

Thursday, May 4, 2017

I will attend the AECMN Business Meeting: Yes No

Breakouts:

Group 4 – 10:45-11:45AM

- Ignite Your S.H.I.N.E.® – Be Unstoppable! (cont.)*
- School Experiences Of An Adolescent Complex Medical Needs*
- Brain Station An Innovative Educational Program*

Group 5 – 1:15-2:15PM

- School Re-entry Documentation Tool*
- Designing, Developing, and Deploying Interactive Activities to Stimulate Science, Technology, Engineering, and Mathematics (STEM) Learning in Chronically-Ill Children*
- A Hospital-Based School Reintegration Program for Pediatric Patients Demonstrates the Need for Mental Health Involvement*

For more information, please contact:

Registration Questions:

AECMNAPHOESConference@gmail.com

Local/Hotel Questions: Alicia Taggi

Phone: 919-684-5684

Email: ariggs1@jhmi.edu