



2018• International Korean Nursing Conference (IKNC) in New York

Registration Form

Registration Information

Last Name: _____ First Name: _____ Middle Initial: _____

Credential: _____ Specialty: _____

Phone: _____ Email: _____

Organization/Employer: _____

Position/Title: _____

Address: _____

Street

City

Country

Zip Code

Are you a current member of one of the following organizations?

____ Yes

- If YES, please check the organization you belong to.

____ GKNF / ____ NYKNA / ____ OKNA

- Please indicate your membership category

Board Member ____ General Member ____ Student Member ____

Other, specify _____

If you wish to join either general or student member to one or more of the following 3 organizations, please visit each organization's website.

- **New York Korean Nurses Association: NYKNA.org**
- **Global Korean Nursing Foundation – USA: gknfusa.org**
- **Overseas Korean Nurses Association: gkna.org**

Registration Fee

Oral and Poster presenters are required to register for a full 2-day (6/28 – 6/29/2018) conference.

Fee for Early Registration (By April 30, 2018)

	Full 2-day Conference (6/28-6/29)	One-day Conference (6/28 or 6/29)	Hospital Tour (6/30)	Gala only (6/29)	Gala If you attend the conference
*Member of at-least one Organization	___ \$ 200	___ \$ 100	___ \$ 50	___ \$ 80	___ \$ 50
Non- Member	___ \$ 250	___ \$ 125	___ \$ 50	___ \$ 100	___ \$ 50
*Student Member	___ \$ 100	___ \$ 50	___ \$ 50	___ \$ 50	___ \$ 50

Registration fee after April 30, 2018

	Full 2-day Conference (6/28-6/29)	One-day Conference (6/28 or 6/29)	Hospital Tour (6/30)	Gala only (6/29)	Gala If you attend the conference
*Member of at-least one Organization	___ \$ 250	___ \$ 125	___ \$ 50	___ \$ 100	___ \$ 50
Non Member	___ \$ 275	___ \$ 140	___ \$ 50	___ \$ 120	___ \$ 50
*Student Member	___ \$ 150	___ \$ 80	___ \$ 50	___ \$ 60	___ \$ 50

***If you are a member of one of 3 organization, you are required to present a proof of your organizational membership at the Conference Registration before you obtain the name tag and conference book.**

Conference Hotel Information

Conference Location: *LaGuardia Plaza Hotel*, 104-04 Ditmars Blvd, East Elmhurst, NY 11369 USA

Tel.: 718-457-6300/Fax: 718- 899-9768

Price: \$179 / per night / per room (Tax Included)

All conference attendees are responsible for their own Hotel reservation. You may contact the below travel agency and identify yourself as 2018 International Korean Nursing Conference Attendee to receive a conference hotel rate of \$179/night. The hotel room rate can change once the reserved conference guest rooms are all taken. Therefore, we highly recommend that you make a hotel reservation earliest as possible to get a listed price as the room price tends to change every day and the rooms may not be available if you wait till the last minutes.

For Hotel Reservation, Hospital Visit and Additional Tour Information

Contact: Kevin Lee/Hipokampo, Inc

Tel.: 718-640-4004

Email: kevin@hipokampo.com

Donation

\$ _____ Student Scholarship for ___ GKNF, ___ NYKNA, ___ OKNA

\$ _____ Conference Support

\$ _____ Other, Specify _____

Payment: Complete this registration form and add each amount you have check off and enter the amount of payment to the below.

Category	Conference	Hospital Tour	Gala	Donation	Total \$
Amount \$					

\$ _____ A total amount of the payment

Instruction for registration and payment submission

For the USA residents;

1. Complete this registration form
2. Mail the completed registration form with the check indicating the exact amount to; **NYKNA, 25 Ruby Lane Plainview, New York 11803.**
3. Returned check due to insufficient fund will be charged \$50 for administrative fee.

For the Out of the USA residents including Korea, Germany, and Australia.

1. Complete this registration form, and then scan and e- mail as attachment to **nykna1@gmail.com**

2. You may pay your registration fee with the credit card or cash at the Conference during the registration in the morning.

Cancellation Policy

If you are unable to attend, registrant may request to transfer his/her registration to another person at no additional cost.

All cancellation requests should be made in writing (letter or email) before May 30,2018 to receive refunds.

All cancellations before May 30,2018 will be charged an administrative fee as following;

- \$75 to all registrants except student registrants
- \$30 to all student registrants.
- No refund will be issued for cancellation that are received or postmarked after **May 30,2018**.

Help

- If you have any questions or trouble in the payment process, contact Ms. Miji Kang, nykna1@gmail.com