

Administrative Professionals Conference

2024 Registration Form

Instructions:

- Please complete all requested information.
- Payment must accompany each registration.
- Please send registrations to the appropriate address (found on our website on the registration tab.) www.adminprofconf.com
- All registrations must be post marked no later than Friday, April 5th.
- Attendees should receive email confirmation within two weeks after **receipt** of their registration. **If confirmation has not been received by Friday, April 19th, please contact your institution's representative** (see list below).
- Due to limited seating capacity, we cannot accept payments at the door.

Conference Cost: **\$159**

Post marked by Friday, April 5th

Refund Policy:

- Cancellation requests prior to April 12th will result in a \$50 administrative fee.
- No refunds will be granted for cancellation requests on or after Friday, April 12th.
- If you are unable to attend, you may send a substitute. However, no subs will be allowed after Monday, April 8th.
- Notification to Joanna Huskey of substitute must be made by Monday, April 8th.

COVID:

- For COVID information, please visit our website at www.adminprofconf.com under registration

Questions:

Contact your representative:

FT	Rhonda	336.734.7506
NH	Traci	336.718.6639
WFU	Joanna	336.716.4694
Atrium WFB	Joanna	336.716.4694
WSSU	Joanna	336.716.4694
Others	Joanna	336.716.4694

For more details on registration for your organization, please visit:

www.adminprofconf.com

Attendee & Institution Information

Name: _____
Job Title: _____
E-mail: _____
Phone: _____ Fax: _____
Institution: _____
Department: _____
Address: _____
City: _____ Zip: _____

Method of Payment (please select one)

For more details on the registration process for your organization, please visit our website at: www.adminprofconf.com

Credit Card payment (use link below):

<https://WFBH.regfox.com/administrative-professionals-conference>

Check made payable to Wake Forest University Health Sciences enclosed

(**ALL** attendees paying by check should check the box above.)

If paying with personal check, check here:

(Remit to: Administrative Professionals Conference, Medical Center Blvd, Box 1149
Winston-Salem, NC 27157-1149)

Wake Forest Reynolda Campus Payment Information

Cost Center _____ Activity _____ Project/Grant _____

(Remit to: Administrative Professionals Conference, Medical Center Blvd, Box 1149
Winston-Salem, NC 27157-1149)

Atrium Health Wake Forest Baptist (AHWFB) Chart of Account including: NCBH, Wake Forest Health Network and WFUSOM

Company _____ Op Unit _____ Cost Center _____ Natural ID _____ Program _____ Fund _____

OR Project # _____ Expenditure Organization _____

(Complete all chartfield information above and submit to **Joanna Huskey** via email at jhuskey@wakehealth.edu OR via interoffice mail to Joanna at

Carpenter Library, Gray Bldg, 1st Fl, Box 1069)

Signature of Approval

Attendee: _____ Date: _____

Supervisor: _____ Date: _____



**Administrative
Professionals
Conference**

Professionals Supporting Professionals

April 25, 2024

Registration 8am-9am

Conference 9am-3pm

**Legacy Stables & Events
4151 Thomasville Road
Winston-Salem, NC 27107**

www.adminprofconf.com