

AANN 50th Annual Educational Meeting Registration Form

Saturday, March 17–Tuesday, March 20, 2018 • San Diego, CA

For Office Use Only	
Cust # _____	Mtg Ord #1- _____
Date _____	_____

Please print. Use a separate form for each registrant. Duplicate as necessary.

Complete name _____ First name for badge _____
 Title _____ Credentials _____
 Facility _____ Facility city/state _____
 Mailing address (home work) _____
 City/State/ZIP _____ (FTA) Check here if this will be your first AANN meeting.
 Daytime phone (home work) (____) _____ Fax (____) _____ E-mail (Required*) _____
 In case of emergency during the conference, please contact: _____
 *You will receive an e-mail confirmation of your registration when it has been processed.
 Name _____ Daytime phone (____) _____ Evening phone (____) _____

Full Meeting Registration: March 17–20
Preconference workshops are extra-fee events. See Box F.

Member (open to registered nurses [RNs])	On or Before 2/5/2018	After 2/5/2018
Active	<input type="checkbox"/> \$540	<input type="checkbox"/> \$640
Register & Renew	<input type="checkbox"/> \$664	<input type="checkbox"/> \$764
Associate (open to non-RN professionals who care for neuroscience patients)		
Associate	<input type="checkbox"/> \$540	<input type="checkbox"/> \$640
Register & Renew	<input type="checkbox"/> \$624	<input type="checkbox"/> \$724
Student (open to full-time students eligible for the NCLEX exam)		
Student	<input type="checkbox"/> \$285	<input type="checkbox"/> \$385
Register & Renew	<input type="checkbox"/> \$351	<input type="checkbox"/> \$451
Register and Join (includes 1 year AANN membership)		
Register & Join	<input type="checkbox"/> \$664	<input type="checkbox"/> \$764
Register & Join (Associate Membership)	<input type="checkbox"/> \$624	<input type="checkbox"/> \$724
Register & Join (Student Membership)	<input type="checkbox"/> \$351	<input type="checkbox"/> \$451
Non-member		
Non-member	<input type="checkbox"/> \$764	<input type="checkbox"/> \$864

Subtotal A \$ _____

A Clinical Symposia
The symposia are included in your registration. Space will be assigned on a first-come, first-served basis. Preregistration is required. These sessions are for full-conference attendees only.

(SY1) Breakfast symposium, Monday, March 19, 7–8:30 am
 (SY2) Lunch symposium, Monday, March 19, 12:15–1:45 pm
 (SY3) Non-CE lunch symposium, Tuesday, March 20, 11:30 am–1 pm
For more information about CE and non-CE symposia, visit AANN.org/AnnualMeeting.

F Preconference Workshops: Saturday, March 17
Session descriptions are available on pages 4–5 of the AANN Annual Educational Meeting Brochure.

8 am–5 pm	001 <input type="checkbox"/> \$240
	002 <input type="checkbox"/> \$240
8–10 am	003 <input type="checkbox"/> \$60
	004 <input type="checkbox"/> \$60
10:15 am–12:15 pm	005 <input type="checkbox"/> \$60
	006 <input type="checkbox"/> \$60
1–5 pm	007 <input type="checkbox"/> \$150

Subtotal F \$ _____

E Special Requests

(DIS) I do not wish to have my name and contact information included in the onsite attendee list.
 (SA) I require special assistance. Please contact me.
 (SDV) I will need vegetarian meals.
 (SDN) I have special dietary needs (please specify).

1-Day Meeting Registration
For registrants attending 1 day of the meeting only; indicate which day you will attend.

Sunday only Monday only Tuesday only

	On or Before 2/5/2018	After 2/5/2018
Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$390
Register & Join	<input type="checkbox"/> \$414	<input type="checkbox"/> \$514

Subtotal B \$ _____

B Special Focus Group (SFG) Networking Sessions
Please indicate which SFG session you plan to attend. Select one.

Sunday, March 18, 5:15–6:15 pm
 (E) Epilepsy (NC) Neuro-Oncology (SP) Spine
 (MD) Movement Disorders/ (NT) Neurotrauma (SK) Stroke
 (NM) Neuromuscular/MS (PD) Pediatrics

4 easy ways to register

Online*
AANN.org/AnnualMeeting

Mail
 AANN Meeting
 PO Box 3781
 Oak Brook, IL 60522

Phone*
 847.375.4733, 888.557.2266
 Mon-Fri, 8 am–6 pm CT

Fax*
 847.375.6430
 If you fax this form, please do not mail the original.

**credit card payment only*

C Concurrent Track Sessions
See track schedule for session codes; indicate selections below.

Sun 9:45–10:15 am	Sun 10:30–11:30 am	Sun 1:15–1:45 pm	Sun 1:55–2:55 pm	Sun 3:10–3:40 pm	Sun 3:50–4:20 pm
1 0	1 0	1	1 1	1 2	1 2
Sun 3:50–4:50	Sun 4:30–5 pm	Mon 11 am–12 pm	Mon 2–3 pm	Mon 3:10–3:40 pm	Mon 3:50–4:20 pm
1 2	1 2	2 0	2	2 1	2
Mon 4:35–5:35 pm	Tues 9:45–10:45 am	Tues 10:55–11:25 am	Tues 1:10–2:10 pm	Tues 1:10–1:40 am	Tues 1:50–2:10 pm
2 2	3 0	3	3 1	3 1	3

See Boxes D, E, and G for additional no-cost events.

H Special Events

(FR) AMWF After Dark, Saturday, March 17, 7:30–10 pm
 Number of tickets _____ @ \$30 each (Proceeds support AMWF grants.)
 (GST) Guest pass (includes access to Exhibit Hall)
 Please indicate guest pass quantity _____ @ \$85 each

Guest Name(s) _____
 (GSTGA) Guest Pass Gala, Monday, March 19, 6:30–10:30 pm, \$125

Subtotal H \$ _____

D No-Cost Events

AANN 50th Anniversary Gala, Monday, March 19, 6:30–10:30 pm
 (SS) Highlights of AANN Over the Past 50 Years, Sunday, March 18, 10:30–11:30 am

Total Be sure to also complete Boxes C, D, E, and H.

A or B \$ _____
+ F \$ _____
+ H \$ _____

Total \$ _____

Payment must accompany registration.

Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING. A \$100 processing fee will be charged for all cancellations post-marked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after **February 5, 2018**. AANN reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If AANN must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

Payment (must accompany registration form)

 VISA **DISCOVER** FINANCIAL SERVICES Check (enclosed)

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
- I authorize AANN to charge the above-listed credit card an amount reasonably deemed by AANN to be accurate and appropriate.

Account number _____
 Signature _____

Expiration date _____
 Cardholder's name (Please print) _____

Thank you for your registration.
 Tax ID #362676392