

AANN 51st Annual Educational Meeting Registration Form

Thursday, March 21–Sunday, March 24, 2019 • Denver, CO

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 21–24

Preconference workshops are extra-fee events. See Box E.

Member (open to registered nurses [RNs]) **On or Before 2/7/2019** **After 2/7/2019**

Active \$540 \$640
 Register & Renew \$665 \$765

Associate (open to non-RN professionals who care for neuroscience patients)

Associate \$540 \$640
 Register & Renew \$635 \$735

Student (open to full-time students eligible for the NCLEX exam)

Student \$285 \$385
 Register & Renew \$380 \$480

Register and Join (includes 1-year AANN membership)

Register & Join \$665 \$765
 Register & Join (Associate Membership) \$635 \$735
 Register & Join (Student Membership) \$380 \$480

Nonmember

Nonmember \$764 \$864
 Nonmember Student \$285 \$385

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.

(SY2) Lunch symposium, Saturday, March 23, 12:15–1:45 pm

For more information about CE and non-CE symposia, visit AANN.org/AnnualMeeting.

Preconference Workshops: Thursday, March 21

Session descriptions are available on pages 4–5 of the AANN Annual Educational Meeting Brochure.

8 am–5 pm 001 \$240
8–12 pm 002 \$120
 003 \$150
1–3 pm 004 \$60
1–5 pm 005 \$120
 006 \$120

Subtotal E \$ _____

D 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.

Friday only Saturday only Sunday only

On or Before 2/7/2019 **After 2/7/2019**

Member \$290 \$390
 Register & Join \$415 \$515

Subtotal B \$ _____

B Special Events

- (FR) AMWF After Dark, Thursday, March 21, 7:30–10 pm
 Number of tickets _____ @ \$25 each (Proceeds support AMWF grants.)
 (GST) Guest pass (includes access to Exhibit Hall)
 Please indicate guest pass quantity _____ @ \$85 each
 (MOV) Movie Screening of *Defining Hope* and Q&A with Producer Carolyn Jones, Saturday, March 23, 7:30–9 pm, \$30

Subtotal F \$ _____

F 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*

Payment must accompany registration.

Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING. A \$100 processing fee will be charged for all cancellations postmarked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after **March 10, 2019**.

AANN reserves the right to substitute facility 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.

Thank you for your registration.
 Tax ID #362676392

C Concurrent Track Sessions

See track schedule for session codes; indicate selections below.

Fri 10:30–11:30 am	Fri 1:15–1:45 pm	Fri 1:55–2:55 pm	Fri 3:10–3:40 pm	Fri 3:50–4:20 pm	Fri 3:50–4:50 pm
5 0	5	5 1	5 1	5 2	5 2
Fri 4:30–5 pm	Fri 5:10–6:10 pm	Sat 7–8 am	Sat 10:30–11:30 am	Sat 11:40–12:10 pm	Sat 12:40–1:40 pm
5 2	5	6 0	6	6 1	6
Sat 1:50–2:20 pm	Sat 2:35–3:35 pm	Sat 3:45–4:15 pm	Sat 4:30–5:30 pm	Sat 5:15–6:15 pm	Sun 7–7:30 am
6 2	6	6 3	6	6	7 0
Sun 9:55–10:55 am	Sun 11:25 am–12:15 pm	Sun 12:35–1:05 pm			
7 0	7	7			

See Box D for additional no-cost events.

C Total

Be sure to also complete Boxes C and D.

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

Total \$ _____

Photography, video, and information disclosure: Photographs and videos may be taken of participants. These are for AANN's use only and may appear on AANN's website, in printed brochures, or in other promotional materials. Information related to your attendance may be shared with conference vendors. Attendee registration constitutes consent for AANN's use of these photographs, videos, and information.

Payment (must accompany registration form)

VISA **DISCOVER** 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.

- Make checks payable to AANN.
- Checks not in U.S. funds will be returned.
- A charge of \$25 will apply to checks returned for insufficient funds.

Account number _____

Expiration date _____

Signature _____

Cardholder's name (Please print) _____