

# AANN 49th Annual Educational Meeting Registration Form

Tuesday, March 21–Friday, March 24, 2017 • Boston, MA

<b>For Office Use Only</b>	
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 F.

**Member** (open to registered nurses [RNs]) **On or Before 2/7/2017** **After 2/7/2017**

Active  \$490  \$590  
Register & Renew  \$614  \$714

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

Associate  \$490  \$590  
Register & Renew  \$584  \$684

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

Student  \$235  \$335  
Register & Join  \$301  \$401  
Register & Renew  \$301  \$401

**Non-Member** (includes 1 year AANN membership)

Register & Join  \$614  \$714  
Register & Join (Associate Membership)  \$584  \$684  
Register & Join (Student Membership)  \$301  \$401

**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) Eisai supports a dinner symposium on epilepsy, Wednesday, March 22, 7:30–9 pm

(SY3) Sunovion Pharmaceuticals Inc supports a lunch symposium on Parkinson's, Thursday, March 23, 12:30–2 pm

(SY5) Non-CE breakfast symposium, Friday, March 24, 7:30–8:30 am

For more information about CE and non-CE symposia, visit [AANN.org/AnnualMeeting](http://AANN.org/AnnualMeeting).

## F Preconference Workshops: Tuesday, March 21

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

**8 am–2 pm** 001  \$180

**8 am–5 pm** 002  \$240  
003  \$240

**8 am–Noon** 004  \$120  
005  \$120

**1–5 pm** 006  \$120  
007  \$120

**3–5 pm** 008  \$60

**Subtotal F \$** \_\_\_\_\_

## G Postconference Workshop: Friday, March 24

**1:30–4 pm** PCI  \$60

**Subtotal G \$** \_\_\_\_\_

## H Special Focus Group (SFG) Networking Sessions

Please indicate which SFG session you plan to attend. Select one.  
Wednesday, March 22, 5:15–6:15 pm

(E)  Epilepsy (NC)  Neuro-Oncology (SP)  Spine  
(MD)  Movement Disorders/ (NT)  Neurotrauma (SK)  Stroke  
(NM)  Neuromuscular/MS (PD)  Pediatrics

## I Special Events

(FR)  AMWF social event, Thursday, March 23, 7:30–10:30 pm  
Number of tickets \_\_\_\_\_ @ \$75 each (Proceeds support AMWF grants.)

(GST)  Guest pass (includes access to Exhibit Hall)  
Please indicate guest pass quantity \_\_\_\_\_ @ \$85 each

Guest Name(s) \_\_\_\_\_

**Subtotal I \$** \_\_\_\_\_

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

**A or B \$** \_\_\_\_\_

**+ F \$** \_\_\_\_\_

**+ G \$** \_\_\_\_\_

**+ I \$** \_\_\_\_\_

**Total \$** \_\_\_\_\_

## 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).

## 4 easy ways to register

### Online\*

[AANN.org/AnnualMeeting](http://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 post-marked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after **March 7, 2017**.

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.

**Thank you for your registration.**  
Tax ID #362676392

## B 1-Day Meeting Registration

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

Wednesday only  Thursday only  Friday only

**On or Before 2/7/2017** **After 2/7/2017**

Member  \$240  \$340  
Register & Join  \$364  \$464

**Subtotal B \$** \_\_\_\_\_

## C Concurrent Track Sessions

See track schedule for session codes; indicate selections below.

Wed 9:45–10:15 am Wed 10:30–11:30 am Wed 1:15–1:45 pm Wed 1:55–2:55 pm Wed 3:10–3:40 pm Wed 3:50–4:50 pm

4 0  4 0  4   4 1  4 2  4 2

Wed 3:50–4:20 pm Wed 4:30–5 pm Thur 7–8 am Thur 2:10–3:10 pm Thur 3:20–3:50 pm Thur 4–4:30 pm

4 2  4   5 0  5   5 1  5

Thur 4:45–5:45 pm Thur 5:55–6:55 pm Fri 8:45–9:45 am Fri 9:55–10:25 am Fri 10:55–11:55 am Fri 12:05–12:35 pm

5 2  5   6 0  6 0  6   6

Fri 12:45–1:15 pm    See Boxes D, E, and H for additional no-cost events.

## D No-Cost Events

(60) Chapter Leadership Networking Session, Friday, March 24, 8 am–1:20 pm

(RE) ABNN Certification Recognition Reception, Wednesday, March 22, 6:15–7:15 pm

**CNRNs or SCRNs only, please**

## Payment (must accompany registration form)

**VISA**   **DISCOVER**

- 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 \_\_\_\_\_

Check (enclosed)

- 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.

Expiration date \_\_\_\_\_

Cardholder's name (Please print) \_\_\_\_\_