

Virtual International Neuroscience Nursing Research Symposium

Saturday, August 22–Sunday, August 23, 2020

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

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*) _____

International Neuroscience Nursing Research Symposium	
Saturday, August 22–Sunday, August 23, 2020	
Register	<input type="checkbox"/> \$125
Join or Renew Active AANN Membership & Register	<input type="checkbox"/> \$250
Join or Renew Associate AANN Membership & Register	<input type="checkbox"/> \$220
Join or Renew Student AANN Membership & Register	<input type="checkbox"/> \$192
Total \$ _____	

Special Requests

I do not wish to have my name and contact information included in the onsite attendee list.

4 EASY WAYS TO REGISTER

Online*
www.AANN.org/ResearchSymposium

Mail
AANN Research Symposium
8735 W. Higgins Road, Suite 300 | Chicago, IL 60631-2738

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 **August 6, 2020.**

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

PAYMENT (must accompany registration form)


 VISA
 
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 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.

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