

# Virtual International Neuroscience Nursing Research Symposium

Saturday, August 7–Sunday, August 8, 2021

<b>For Office Use Only</b>	
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 7–Sunday, August 8, 2021	
Register	<input type="checkbox"/> \$150
Join or Renew Active AANN Membership & Register	<input type="checkbox"/> \$275
Join or Renew Associate AANN Membership & Register	<input type="checkbox"/> \$245
Join or Renew Student AANN Membership & Register	<input type="checkbox"/> \$217
<b>Total \$</b> _____	

### Special Requests

I do not wish to have my name and contact information included in the 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 **July 22, 2021.**

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**
 
 **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.
- 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.

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

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