

# Virtual AANN 53rd Annual Educational Meeting Registration Form

## Saturday, April 17–Tuesday, April 20, 2021 • Online

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

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

Complete name \_\_\_\_\_

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\*) \_\_\_\_\_

*\*You will receive an e-mail confirmation of your registration when it has been processed.*

**Full Meeting Registration:** April 17–20  
Preconference workshops are extra-fee events. See Box C.

Member (open to registered nurses [RNs])	On or Before 3/4/2021	After 3/4/2021
Active	<input type="checkbox"/> \$540	<input type="checkbox"/> \$640
Register & Renew	<input type="checkbox"/> \$665	<input type="checkbox"/> \$765
<b>Associate</b> (open to non-RN professionals who care for neuroscience patients)		
Associate	<input type="checkbox"/> \$540	<input type="checkbox"/> \$640
Register & Renew	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735
<b>Student</b> (open to full-time students eligible for the NCLEX exam)		
Student	<input type="checkbox"/> \$285	<input type="checkbox"/> \$385
Register & Renew	<input type="checkbox"/> \$380	<input type="checkbox"/> \$480
<b>Register and Join</b> (includes 1-year AANN membership)		
Register & Join	<input type="checkbox"/> \$665	<input type="checkbox"/> \$765
Register & Join (Associate Membership)	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735
Register & Join (Student Membership)	<input type="checkbox"/> \$380	<input type="checkbox"/> \$480
<b>Nonmember</b>		
Nonmember	<input type="checkbox"/> \$764	<input type="checkbox"/> \$864
Nonmember Student	<input type="checkbox"/> \$285	<input type="checkbox"/> \$385

**Subtotal A \$** \_\_\_\_\_

**A Concurrent Track Sessions**  
See track schedule for session codes; indicate selections below. (All times CT.)

SUNDAY			
10:15–11:15 am	11:55 am–12:25 pm	1:15–2:15 pm	
<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	
	2:55–3:55 pm	4:45–5:15 pm	
	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/>	
MONDAY			
8–9 am	10:20–11:20 am	Noon–12:30 pm	1:50–2:20 pm
<input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
3–4 pm	4:50–5:50 pm		
<input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/>		
TUESDAY			
8–8:30 am	10:40–11:40 am	12:20–12:50 pm	1:40–2:40 pm
<input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/>

See Box E for additional no-cost events.

**D Special Requests**

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

(SA)  I require special assistance. Please contact me.

**B 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 3/4/2021	After 3/4/2021
Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$390
Nonmember	<input type="checkbox"/> \$514	<input type="checkbox"/> \$614
Register & Join	<input type="checkbox"/> \$415	<input type="checkbox"/> \$515

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

**E 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. Symposia will be offered virtually.

(SY1) Afternoon symposium, Saturday, April 17, Noon–1 pm

(SY2) Morning symposium, Monday, April 19, 6:55–7:55 am

(SY3) Afternoon symposium, Monday, April 19, 12:45–1:45 pm

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

**F Special Events**

(FR)  AMWF Movie Screening of *Brainstorm*: Monday, April 19, 6–7:30 pm CT; \$30 fee

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

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

**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.**

**C Preconference Workshops:** Saturday, April 17 (all times CT)

<b>8 am–5 pm</b>	001	<input type="checkbox"/> \$300
<b>8 am–Noon</b>	002	<input type="checkbox"/> \$120
<b>10 am–Noon</b>	003	<input type="checkbox"/> \$60
<b>1–5 pm</b>	004	<input type="checkbox"/> \$120
	005	<input type="checkbox"/> \$120

**Subtotal C \$** \_\_\_\_\_

Please check the online schedule at [aann.org/meetings/conference/schedule](http://aann.org/meetings/conference/schedule).

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

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

**+ C \$** \_\_\_\_\_

**+ 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) \_\_\_\_\_

**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 **April 1, 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.

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