

Neuroscience Advanced Practice Provider Educational Meeting

ADVANCED CARE FOR NEUROSCIENCE PATIENTS

Wednesday, January 20–Saturday, January 23, 2021 • San Diego, CA

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*) _____

In case of emergency during the conference, please contact:

Name _____ Daytime phone (_____) Evening phone (_____)

Special Requests

- I require special assistance. Please contact me. I do not wish to have my name and contact information included in the onsite attendee list.
 I will need vegetarian meals. I have special dietary needs. *(please specify)* _____

Neuroscience Advanced Practice Provider Educational Meeting Registration Fees					A
	Member	Nonmember	Member (after 12/9)	Nonmember (after 12/9)	
Full conference	<input type="checkbox"/> \$400	<input type="checkbox"/> \$550	<input type="checkbox"/> \$500	<input type="checkbox"/> \$650	
Subtotal A \$					

Neuroscience Advanced Practice Provider Educational Meeting Sessions			B
Wednesday, January 20			
1–5:30 pm	EEG Essentials for Advanced Practice Nurses		<input type="checkbox"/> Additional fee \$120
1–5:30 pm	Understanding Neuro Imaging: A Review of Basic Radiology, Test Selection and Case Study Review		<input type="checkbox"/> Additional fee \$120
Thursday, January 21			
6–9 pm	Suturing & Knot Tying Workshop: An Introduction to Techniques		<input type="checkbox"/> Additional fee \$120
Saturday, January 23			
8 am–12:15 pm	AANN Neuroscience Skills Workshop		<input type="checkbox"/> Additional fee \$120
8 am–12:15 pm	Challenging Conversations: Communicating with Patients and Families about Goals of Care and End of Life Care		<input type="checkbox"/> Additional fee \$120
View the full schedule of session online at aann.org/meetings/advanced-practice-course/schedule			
Subtotal B \$			

A + B = Total \$ _____ C

4 EASY WAYS TO REGISTER

Online*
www.AANN.org/APP

Mail
AANN APP 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 **January 6, 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. If AANN must move the conference from an in-person event to a virtual meeting, registrants will have the option to request a full refund or transfer their registration to the virtual meeting.

Thank you for your registration.
Tax ID #362676392

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.

Card number _____ Expiration date _____

Signature _____ Cardholder's name (Please print) _____