## Neuroscience Advanced Practice Provider Educational Meeting

## ADVANCED CARE FOR NEUROSCIENCE PATIENTS

Wednesday, January 5-Saturday, January 8, 2022 • San Diego, CA

For Office Use Only	
Cust #	Mtg Ord #1
Date	

Facility of by State	Complete name				First name for ba	idge	
Facility							
City/State/ZIP    Chack here if this will be your first AANN meeting.							
In case of emergency during the conference, please contact:							
In case of emergency during the conference, please contact:    Rame	City/State/ZIP				(FTA) [	☐ Check here if this will be your first AANN meeting.	
Trequire special assistance. Please contact me.   1 do not wish to have my name and contact information included in the attendee list.     I will need vegetarian meals.   1 have special dietary needs. (please specify)	Daytime phone (	☐ home ☐ work) (	)	Fax ()	E-mail (Requ	red*)	
Trequire special assistance. Please contact me.   I do not wish to have my name and contact information included in the attendee list.     I will need vegetarian meals.   I have special dietary needs. (please specify)				time phone ()_	Eve	ning phone ()	
Registration Fees    Member   Member   Member (after 12/8)   Nonmember (after 12/8)   Nonmember (after 12/8)   Member (after 12/8)	☐ I require specia	al assistance. Please co		-			
Subtotal A   Sub			ractice Provider E	Educational Meet	ing A		
Subtotal A   Sub		Member	Nonmember	Member (after 12/8)	Nonmember (after 12/8)		
Neuroscience Advanced Practice Provider Educational Meeting Sessions  Wednesday, January 5   Pre-Conference 1-5:30 pm   Suturing & Knot Tying Workshop: An Introduction to Techniques   Additional fee \$120 1-5:30 pm   Advanced Neuroassessment and Anatomy   Additional fee \$120 1-5:30 pm   Role Development Workshop  Thursday, January 6   Workshop 3:30-5:30 pm   Role Development Workshop  Wew the full schedule of session online at aann.org/meetings/advanced-practice-course/schedule  Subtotal B \$  Subtotal B \$  Subtotal B \$  PAYMENT (must accompany registration form)    VISA   DISCOVER   DISCOVER   Check (enclosed)  **If rebiling of a credit card drange is necessary, a \$25 processing fee will be charged. **I describe the above-listed credit card an amount reasonably deemed by ANIN to be accurate and appropriate.  **Card number**  Oak Brook, IL 606522 Phone* 847.375.433, 888.557.2266, Mon-Fri, 8 am-6 pm CT Fax* 847.375.6430   If you lax this form, please do not mail the original form of the days before the every late of the control of the pregnation of the structure of the control of the pregnation of the structure of the control of the point refused points on the little days before the every point and of the point of requised and the pregnation of the unformative dome that of the gold for of the unformative days little and the pregnation to the wind of the point refused and the pregnation to the wind of the point of requised to abriding the conference. If ANN must canced the entitle meeting registration to the wind of the point of requised to abriding the conference. If ANN must and the point of requised to abriding the conference. If ANN must are on any other registration.  Tank you for your	Full conference	□ \$350	□ \$475	□ \$450	□ \$575	AANN APP Meeting	
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PAYMENT (must accompany registration form)    Mastercard   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.  Expiration date	Wednesday, January 1–5:30 pm 1–5:30 pm Thursday, January 3:30–5:30 pm View the full schedu	Suturing & Knot Tying Advanced Neuroasse  y 6   Workshop  Role Development Wo	ce y Workshop: An Introducti ssment and Anatomy orkshop	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 December 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. 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.			
	Mastercard      If rebilling of a cred     I authorize AANN to	VISA dit card charge is necessary, o charge the above-listed cre	a \$25 processing fee will be cha	arged.	<ul><li>Make checks payable to AANN.</li><li>Checks not in U.S. funds will be retu</li></ul>	rned.	
	Card number Signature				Expiration date  Cardholder's name (Please print)		