

# 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 \_\_\_\_\_

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 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 12/8)	Nonmember (after 12/8)	
Full conference	<input type="checkbox"/> \$350	<input type="checkbox"/> \$475	<input type="checkbox"/> \$450	<input type="checkbox"/> \$575	
<b>Subtotal A \$</b> _____					

**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 **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.**  
Tax ID #362676392

Neuroscience Advanced Practice Provider Educational Meeting Sessions			B
<b>Wednesday, January 5   Pre-Conference</b>			
1–5:30 pm	Suturing & Knot Tying Workshop: An Introduction to Techniques	<input type="checkbox"/> Additional fee \$120	
1–5:30 pm	Advanced Neuroassessment and Anatomy	<input type="checkbox"/> Additional fee \$120	
<b>Thursday, January 6   Workshop</b>			
3:30–5:30 pm	Role Development Workshop	<input type="checkbox"/> Additional fee \$60	
View the full schedule of session online at <a href="http://aann.org/meetings/advanced-practice-course/schedule">aann.org/meetings/advanced-practice-course/schedule</a>			
<b>Subtotal B \$</b> _____			

**A + B = Total \$** \_\_\_\_\_ C

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