

Neuroscience Advanced Practice Provider Educational Conference

ADVANCED CARE FOR NEUROSCIENCE PATIENTS

Wednesday, January 11–Saturday, January 14, 2023 • Long Beach, 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 conference.

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 additional accommodations. 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 specific dietary needs. (Please specify.) _____

I will be attending the conference in person in Long Beach, and I have read and agree to the Attendee Commitment to Safety Agreement and Waiver and Release, which is available on the AANN website at AANN.org/COVIDwaiver.

4 EASY WAYS TO REGISTER

Online*
www.AANN.org/APP

Mail
AANN APP Conference
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 28, 2022.**

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 conference, 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 Conference Registration Fees

	Member	Non-member	Member (after 12/14)	Non-member (after 12/14)
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 Conference Sessions

Wednesday, January 11 | Pre-Conference

12:45–2:45 pm	Advanced EEG Interpretation	<input type="checkbox"/> Additional fee \$75
12:45–2:45 pm	Advanced Cerebral Imaging	<input type="checkbox"/> Additional fee \$75
3–5 pm	Advanced Spinal Imaging	<input type="checkbox"/> Additional fee \$75
3–5 pm	Antiepileptic Drugs for the Management and Treatment of Refractory Epilepsy	<input type="checkbox"/> Additional fee \$75

View the full schedule of sessions online at AANN.org/meetings/advanced-practice-course/schedule.

Subtotal B \$ _____

A + B = Total \$ _____

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.) _____