AANN Neuroscience Nursing Annual Conference Registration Form Saturday, March 18-Tuesday, March 21, 2023 • Orlando, FL

 For Office Use Only

 Cust #______ Mtg Ord #1-_____

 Date ______ I ____

Please print. Use a	separate form for each	registrant. Duplicat	e as necessary.			
Complete name					First name for badge	
Title					Credentials	
Facility					Facility city/state	
Mailing address ([] home 🛛 work)					
City/State/ZIP					(FTA) □ Check here if this wil	l be your first AANN conference.
Daytime phone (🗆	home 🗆 work) ()	Fax ()		E-mail (Required*)	
In case of emergen	cy during the conferenc	e, please contact:			*You will receive an e-mail confirmation	of your registration when it has been processed.
Name			Daytime phone (_)	Evening phone ()	
Pre-conference work Member Active/Associat Student Nonmember Nonmember Nonmember St Register and Jo Active Member (Open to register Associate Mem (Open to non-R New to Neuro M Student Member (Open to full-tir	udent bin (includes 1-year AAI ship ared nurses [RNs]) bership N professionals who care Membership ership ne students eligible for th ince Workshops: S	See Box B. On or Before 2/15/2023 \$565 \$295 \$799 \$295 NN membership) \$665 for neuroscience pa \$665 for neuroscience pa \$650 \$362 e NCLEX exam) Subtotal A Saturday, March 18	After 2/15/2023 \$\$665 \$\$395 \$\$395 \$\$795 \$\$765 tients) \$\$750 \$\$462 \$ 	The symp, first-come for full-cou- rescheduli (SY1) (SY2) For more in Total A + B + C Addition (DIS) []	\$ \$ Total \$ al Requests do not wish to have my name and contact information included in the oritic attendee list.	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 be accommons
8 am-Noon 10 am-Noon 1-3 pm 1-3 pm	001 002 003 004	□\$150 □\$75 □\$75 □\$75		· /	require additional accommodations. Please contact me. require dietary accommodations. (<i>Please specify.</i>)	Cancellation Policy: ALL CANCELLATIONS MUST BE MADE
Subtotal B \$C Special Events (SUN) AMWF event: Join us for the AMWF Light Up Luau at Cayman Court at the Loews Sapphire Falls Resort at Universal Orlando™ and enjoy a night of music, hula dancing, and fun! Wear your Hawaiian attire; light-up and glow-in-the-dark accessories will be provided. 7-9:30 pm Sunday, March 19 \$50 fee (GST) Guest pass (includes access to Exhibit Hall) Please indicate guest pass quantity@ \$85 each Subtotal C \$ Payment (must accompany registration form) Image: Inf rebilling of a credit card charge is necessary, a \$25 processing fee will be chara I authorize AANN to charge the above-listed credit card an amount reasonably de by AANN to be accurate and appropriate.				Photogra be taken o website, ir to your att constitutes	 phy, video, and information disclosure: Photographs and videos n of participants. These are for AANN's use only and may appear on AAN or printed brochures, or in other promotional materials. Information relater and ance may be shared with conference vendors. Attendee registrat s consent for AANN's use of these photographs, videos, and information are consent for AANN's use of these photographs, videos, and information are consent for AANN's use of these photographs. Check (enclosed) 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. 	N's AANN reserves the right to substitute faculty or to cancel or
Account number					Expiration date	Tax ID #362676392
Signature					Cardholder's name (Please print)	