

AANN Neuroscience Nursing Annual Conference

Sunday, March 16, to Tuesday, March 18, 2025 • New Orleans, LA

For Office Use Only	
Cust # _____	Mtg Ord #1- _____
Date _____	_____

Please print. Use a separate form for each registrant. Duplicate 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 will be your first AANN conference.

Daytime phone (home work) (____) _____ Fax (____) _____ E-mail (Required*) _____

**You will receive an e-mail confirmation of your registration when it has been processed.*

In case of emergency during the conference, please contact:

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

I have read and agree to AANN's [Liability Disclosure](#), [Code of Conduct](#), and [Media Disclosure](#), which are available on the AANN website.

All session times listed below are in Central Daylight Time (CDT) unless otherwise noted.

Full Conference Registration: March 16–18

Pre-conference workshops are extra-fee events. See Box C.

Member	On or Before 2/24/2025	After 2/24/2025
Active/Associate	<input type="checkbox"/> \$570	<input type="checkbox"/> \$670
Student	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Nonmember		
Nonmember	<input type="checkbox"/> \$800	<input type="checkbox"/> \$900
Nonmember Student	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Register and Join (includes 1-year AANN membership)		
Active Membership (Open to registered nurses [RNs])	<input type="checkbox"/> \$709	<input type="checkbox"/> \$809
Associate Membership (Open to non-RN professionals who care for neuroscience patients)	<input type="checkbox"/> \$678	<input type="checkbox"/> \$778
New to Neuro Membership	<input type="checkbox"/> \$660	<input type="checkbox"/> \$760
Student Membership (Open to full-time students eligible for the NCLEX exam)	<input type="checkbox"/> \$370	<input type="checkbox"/> \$470

Subtotal A \$ _____

Special Events

(GST) Guest pass (includes access to Exhibit Hall)
Please indicate guest pass quantity _____ @ \$85 each

Subtotal D \$ _____

Non-CE Clinical Symposia

The symposia are included in your registration. Space will be assigned on a first-come, first-served basis. Preregistration is required. These sessions are for full-conference attendees only. AANN reserves the right to cancel or reschedule symposia.

- (SY1) Morning symposium, Sunday, March 16, 6:50–7:50 am
- (SY2) Afternoon symposium, Sunday, March 16, Noon–1 pm
- (SY3) Morning symposium, Monday, March 17, 7–8 am
- (SY4) Afternoon symposium, Monday, March 17, Noon–1 pm

For more information about CE and non-CE symposia, visit AANN.org/AnnualConference.

Additional Requests

- (DIS) I do not wish to have my name and contact information included in the on-site attendee list.
- (SA) I require additional accommodations. Please contact me.
- (XXX) I will need vegetarian meals.
- (SDN) I require dietary accommodations. (Please specify.)

1-Day Meeting Registration

For registrants attending 1 day of the meeting only; indicate which day you will attend.

- Sunday only Monday only Tuesday only

Member	On or Before 2/24/2025	After 2/24/2025
Member	<input type="checkbox"/> \$305	<input type="checkbox"/> \$405
Register & Join	<input type="checkbox"/> \$454	<input type="checkbox"/> \$554

Subtotal B \$ _____

Pre-Conference Workshops: Sunday, March 16

	AANN Members	Nonmembers
8 am–5 pm Neuro-APP (APP)	<input type="checkbox"/> \$220	<input type="checkbox"/> \$320
8 am–Noon Brain Anatomy (001)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
8–11 am Best Practices in Neuroscience Orientation (002)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
1–3 pm Spine Anatomy (003)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
1–3 pm Basic Neuroimaging: More than Fifty Shades of Grey (004)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100

Subtotal C \$ _____

Total

A	\$ _____
+ B	\$ _____
+ C	\$ _____
+ D	\$ _____
Total	\$ _____

Payment (must accompany registration form)

- 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.
- A 3% processing fee will be charged for all credit card payments.

- 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.

Account number _____

Expiration date _____

Signature _____

Cardholder's name (Please print) _____

4 easy ways to register

Online*

AANN.org/AnnualConference

Mail

AANN Annual Conference
PO Box 88019
Chicago, IL 60680-1019

Phone*

847.375.4733, 888.557.2266
Mon-Fri, 8:30 am–5 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 **February 28, 2025.**

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.

Photography, video, and information disclosure: Photographs and videos may be taken of participants. These are for AANN's use only and may appear on AANN's website, in printed brochures, or in other promotional materials. Information related to your attendance may be shared with conference vendors. Attendee registration constitutes consent for AANN's use of these photographs, videos, and information.