

Virtual International Neuroscience Nursing Research Symposium

Friday, January 24, 2025

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

Complete name _____

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*) _____

International Neuroscience Nursing Research Symposium

Friday, January 24, 2025

The International Neuroscience Nursing Research Symposium will be fully virtual.

Register—Active and Associate AANN Members	<input type="checkbox"/> \$175
Register—Student (open to full-time students eligible for the NCLEX exam)	<input type="checkbox"/> \$50
Join or Renew Active AANN Membership & Register	<input type="checkbox"/> \$305
Join or Renew Associate AANN Membership & Register	<input type="checkbox"/> \$275
Join New to Neuro Membership & Register	<input type="checkbox"/> \$260
Join or Renew Student AANN Membership & Register	<input type="checkbox"/> \$242
Total \$ _____	

Special Requests

I do not wish to have my name and contact information included in the attendee list.

4 EASY WAYS TO REGISTER

Online*

www.AANN.org/ResearchSymposium

Mail

AANN Research Symposium
PO Box 88019 Chicago, IL 60680-8019

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 **January 9, 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 symposium, 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 symposium.

Thank you for your registration.

Tax ID #362676392

PAYMENT (must accompany registration form)

 Check (enclosed)

- A nonrefundable 3% processing charge will be added to all orders paid with a credit card.
- 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) _____