

# Neuroscience Advanced Practice Provider Educational Symposium

ADVANCED CARE FOR NEUROSCIENCE PATIENTS

Sunday, March 16, 2025 • New Orleans, LA

For Office Use Only

Cust # \_\_\_\_\_ Mtg Ord #1- \_\_\_\_\_

Date \_\_\_\_\_ I \_\_\_\_\_

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 symposium.

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 symposium, please contact:

Name \_\_\_\_\_ Daytime phone ( \_\_\_\_\_ ) Evening phone ( \_\_\_\_\_ )

## Special Requests

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

☐ I require special accommodations. Please contact me.

☐ I have specific dietary needs. (Please specify.) \_\_\_\_\_

## Neuro-APP Symposium Registration Fees

Discounted pricing is available for attending both the Neuro-APP Symposium and the Neuroscience Nursing Annual Conference. If you are interested in registering for both events, please use the [Annual Conference](#) registration form instead.

**AANN Member** ☐ \$300

**Non-member** ☐ \$400

## Attendance

How are you planning to participate in the APP symposium?

☐ I will be in person in New Orleans, LA.

☐ I will be attending the symposium virtually.

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

## 4 EASY WAYS TO REGISTER

### Online\*

[www.AANN.org/APP](http://www.AANN.org/APP)

### Mail

AANN APP Symposium

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. 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.

**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.

**Thank you for your registration.**

Tax ID #362676392

## 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.

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's name (Please print.) \_\_\_\_\_