

AANN Amplify Registration Form

FOR OFFICE USE ONLY:

Cust # _____
Mtg Ord #1- _____
Date _____

Thursday, September 10, 2026 | 10:00 AM – 3:00 PM CT | Virtual

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: _____

Email (Required): _____

Registration Options	Fee
<input type="checkbox"/> Full Symposium (10:00 AM – 3:00 PM CT)	\$150
<input type="checkbox"/> Stroke Patients Session (10:00 AM – 12:00 PM CT)	\$75
<input type="checkbox"/> Neurocritical Care Session (1:00 PM – 3:00 PM CT)	\$75
Total: _____	

4 EASY WAYS TO REGISTER

Online*

www.AANN.org/meetings/aann-amplify

Mail

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

Phone*

847.375.4733 or 888.557.2266 | Mon-Fri 8am–6pm CT

Fax*

847.375.6430 (credit card 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 **August 27, 2026**.

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)

- Mastercard Visa American Express Discover Check (enclosed)
- Make checks payable to AANN.
 - Checks not in U.S. funds will be returned.
 - \$25 fee for insufficient funds.

- A nonrefundable 3% processing charge will be added to all credit card orders.
- If rebilling is necessary, a \$25 fee will be charged.
- I authorize AANN to charge the listed credit card.

Card Number: _____ Expiration Date: _____

Signature: _____ Cardholder Name: _____