

AANN ADVANCES IN STROKE CARE CONFERENCE

Thursday, August 3-Saturday, August 5, 2023 • Louisville, KY

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*) _____

**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 (_____)

Registration Fees A				
	Early Bird Rates (on or before Monday, July 10)		Regular Rates (Tuesday, July 11, and after)	
	AANN Member	Nonmember	AANN Member	Nonmember
Full conference	<input type="checkbox"/> \$395	<input type="checkbox"/> \$630	<input type="checkbox"/> \$495	<input type="checkbox"/> \$730
Full conference and SCRN exam registration	<input type="checkbox"/> \$660	<input type="checkbox"/> \$995	<input type="checkbox"/> \$760	<input type="checkbox"/> \$1,095
Full conference and stroke book	<input type="checkbox"/> \$490	<input type="checkbox"/> \$780	<input type="checkbox"/> \$590	<input type="checkbox"/> \$880
Full conference, stroke book, and SCRN exam registration	<input type="checkbox"/> \$775	<input type="checkbox"/> \$1,165	<input type="checkbox"/> \$875	<input type="checkbox"/> \$1,265
Subtotal A \$ _____				

Special Requests
<input type="checkbox"/> (DIS) I do not wish to have my name and contact information included in the attendee list.
<input type="checkbox"/> (SA) I require additional accommodations. Please contact me.
<input type="checkbox"/> (SDN) I require dietary accommodations. <i>(Please specify):</i> _____ _____

FOUR EASY WAYS TO REGISTER

Online*
AANN.org/StrokeConference

Fax*
847.375.6430

Mail
AANN Stroke Conference
PO Box 3781
Oak Brook, IL 60522

Phone*
847.375.4733, 888.557.2266
Mon-Fri, 9 am-7 pm EDT



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 **July 20, 2023.**

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.

Thank you for your registration.
Tax ID #362676392

Pre-Conference Sessions B		
Thursday, August 3, 2023		
8 am-4:30 pm ET	SCRN Review Course	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am-4:30 pm ET	Stroke Coordinator Boot Camp	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am-12:30 pm ET	3D Stroke Anatomy and Assessment	<input type="checkbox"/> \$150 for members, \$200 for nonmembers
See AANN.org/StrokeConference for the full schedule.		
Subtotal B \$ _____		

A + B = Total \$ _____ C

Payment (must accompany registration form)	
<input type="checkbox"/>  <input type="checkbox"/> VISA <input type="checkbox"/>  <input type="checkbox"/> DISCOVER FINANCIAL SERVICES	<input type="checkbox"/> Check (enclosed)
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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) _____