

AANN ADVANCES IN STROKE CARE CONFERENCE

Thursday, August 1, to Saturday, August 3, 2024 • Houston, TX, or Online

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

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 (____) _____

I will attend the conference in person in Houston, TX.
 I will attend the conference virtually.

Special Requests

- (DIS) I do not wish to have my name and contact information included in the on-site list.
 (SA) I require special accommodations. Please contact me.
 I require vegan meals.
 I require vegetarian meals.
 I require dairy-free meals.
 I require gluten-free meals.

Registration Fees A

	On or before Wednesday, July 3		Thursday, July 4, 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 \$ _____				

FOUR EASY WAYS TO REGISTER

- | | |
|---|---|
| Online*
AANN.org/StrokeConference | Fax*
847.375.6430 |
| Mail
AANN Stroke Conference
PO Box 88019
Chicago, IL 60680-8019 | If you fax this form, do not mail the original.
<i>*Credit card payment only</i> |
| Phone*
847.375.4733, 888.557.2266
Mon-Fri, 8 am–5 pm CT | |

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 18, 2024.**

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 1, 2024		
8 am–4:30 pm CT	SCRN Review Course	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am–4:30 pm CT	Stroke Coordinator Boot Camp <i>(In person only)</i>	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am–12:30 pm CT	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)

-  **VISA**  **DISCOVER** Check (enclosed)

- A 3% processing fee will be charged for all credit cards.
- 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) _____