

# AANN ADVANCES IN STROKE CARE CONFERENCE

Monday, July 28, to Wednesday, July 30, 2025 • Phoenix, AZ, or Virtual

## 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 Phoenix, AZ. ☐ I will attend the conference virtually.

## Registration Fees

**A**

	On or before Wednesday, July 9		Thursday, July 10, and after	
	AANN Member	Nonmember	AANN Member	Nonmember
Full conference	<input type="checkbox"/> \$400	<input type="checkbox"/> \$635	<input type="checkbox"/> \$500	<input type="checkbox"/> \$735
Full conference and SCRN exam registration	<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$765	<input type="checkbox"/> \$1,100
Full conference and stroke book	<input type="checkbox"/> \$495	<input type="checkbox"/> \$785	<input type="checkbox"/> \$595	<input type="checkbox"/> \$885
Full conference, stroke book, and SCRN exam registration	<input type="checkbox"/> \$780	<input type="checkbox"/> \$1,170	<input type="checkbox"/> \$880	<input type="checkbox"/> \$1,270
Subtotal A \$ _____				

## Pre-Conference Sessions

**B**

### Monday, July 28, 2025

8 am–4:30 pm MST	SCRN Review Course	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am–4:30 pm MST	Stroke Coordinator Boot Camp (In person only)	<input type="checkbox"/> \$220 for members, \$320 for nonmembers
8 am–12:30 pm MST	3D Stroke Anatomy and Assessment (In person only)	<input type="checkbox"/> \$150 for members, \$200 for nonmembers

See **AANN.org/StrokeConference** for the full schedule.

Subtotal B \$ \_\_\_\_\_

**A + B = Total \$ \_\_\_\_\_**

**C**

## 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.

## FOUR EASY WAYS TO REGISTER

### Online\*

AANN.org/StrokeConference

### Mail

AANN Stroke Conference  
PO Box 88019  
Chicago, IL 60680-1019

### Phone\*

847.375.4733, 888.557.2266  
Mon-Fri, 6 am–3 pm MST

### Fax\*

847.375.6430  
If you fax this form, 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 **July 14, 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.

**Thank you for your registration.**

Tax ID #362676392

## 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) \_\_\_\_\_