

# NURSING LEADERSHIP SYMPOSIUM

Sunday, January 9–Monday, January 10, 2022 • San Diego, CA

<b>For Office Use Only</b>	
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 meeting.

Daytime phone ( home  work) (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail (Required\*) \_\_\_\_\_

In case of emergency during the conference, please contact:

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

## Special Requests

- I require special assistance. Please contact me.  I do not wish to have my name and contact information included in the attendee list.
- I will need vegetarian meals.  I have special dietary needs. *(please specify)* \_\_\_\_\_

## Nursing Leadership Symposium Registration Fees

	Member	Nonmember
Full symposium	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
		Subtotal \$ _____

## 4 EASY WAYS TO REGISTER

**Online\***  
[www.aann.org/nursing-leadership-symposium](http://www.aann.org/nursing-leadership-symposium)

**Mail**  
AANN Leadership Symposium  
PO Box 3781  
Oak Brook, IL 60522

**Phone\***  
847.375.4733,  
888.557.2266,  
Mon-Fri, 8 am–6 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 **December 22, 2021**.

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 meeting, 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.

**Thank you for your registration.**

Tax ID #362676392

## PAYMENT *(must accompany registration form)*

-   **VISA**    **DISCOVER** FINANCIAL SERVICES  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.

- 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) \_\_\_\_\_