

Neuroscience Advanced Practice Provider Educational Symposium

ADVANCED CARE FOR NEUROSCIENCE PATIENTS

Sunday, March 17, 2024 • Salt Lake City, UT

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

All times listed in Mountain Daylight Time (MDT) unless otherwise noted.

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 symposium.

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 symposium, please contact:

Name _____ Daytime phone (_____) Evening phone (_____)

Additional Requests

- I require additional accommodations. 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 specific dietary needs. (Please specify.) _____

I will be attending the symposium in person in Salt Lake City, UT, and I have read and agree to the Attendee Commitment to Safety Agreement and Waiver and Release, which is available on the AANN website at [AANN.org/COVIDwaiver](https://www.aann.org/COVIDwaiver).

Neuroscience Advanced Practice Provider Educational Symposium Registration Fees

	Member	Non-Member
Full conference	<input type="checkbox"/> \$220	<input type="checkbox"/> \$320
		TOTAL \$ _____

4 EASY WAYS TO REGISTER

Online*
www.AANN.org/APP

Mail
AANN APP Symposium
PO Box 3781
Oak Brook, IL 60522

Phone*
847.375.4733, 888.557.2266
Mon–Fri, 8:30 am–5 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 **March 1, 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. 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.

Photography, Video, and Information Disclosure: Photographs and videos may be taken of participants. These are for AANN's use only and may appear on AANN's website, in printed brochures, or in other promotional materials. Information related to your attendance may be shared with conference vendors. Attendee registration constitutes consent for AANN's use of these photographs, videos, and information.

Thank you for your registration.
Tax ID #362676392

PAYMENT (must accompany registration form)

 **VISA**  **DISCOVER** 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.
- A 3% processing fee will be charged for all credit card payments

- 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.) _____