

AANN Neuroscience Nursing Annual Conference

Sunday, March 17–Tuesday, March 19, 2024 • Salt Lake City, UT

For Office Use Only	
Cust # _____	Mtg Ord #1– _____
Date _____	_____

Please print. Use a separate form for each registrant. Duplicate as necessary.

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 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 be attending the conference 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.

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

Full Conference Registration: March 17–19

Pre-conference workshops are extra-fee events. See Box C.

Member	On or Before 2/14/2024	After 2/14/2024
Active/Associate	<input type="checkbox"/> \$565	<input type="checkbox"/> \$665
Student	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Nonmember		
Nonmember	<input type="checkbox"/> \$799	<input type="checkbox"/> \$899
Nonmember Student	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
Register and Join (includes 1-year AANN membership)		
Active Membership (Open to registered nurses [RNs])	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800
Associate Membership (Open to non-RN professionals who care for neuroscience patients)	<input type="checkbox"/> \$670	<input type="checkbox"/> \$770
New to Neuro Membership	<input type="checkbox"/> \$653	<input type="checkbox"/> \$753
Student Membership (Open to full-time students eligible for the NCLEX exam)	<input type="checkbox"/> \$365	<input type="checkbox"/> \$465
Subtotal A \$		_____

A

Special Events

(AMWF) AMWF event: Join us for the AMWF Event on Monday, March 18th, for desserts and dancing while supporting the foundation. It is sure to be a shamrockin' good time. Dress in your favorite green or gold attire.
7–9:30 pm | Monday, March 18 | \$50 fee

(GST) Guest pass (includes access to Exhibit Hall)
Please indicate guest pass quantity _____ @ \$85 each

Subtotal D \$ _____

D

4 easy ways to register

Online*

AANN.org/AnnualConference

Mail

AANN Annual Conference
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.

1-Day Meeting Registration

For registrants attending 1 day of the meeting only; indicate which day you will attend.

Sunday only Monday only Tuesday only

Member	On or Before 2/14/2024	After 2/14/2024
Member	<input type="checkbox"/> \$305	<input type="checkbox"/> \$405
Register & Join	<input type="checkbox"/> \$440	<input type="checkbox"/> \$540
Subtotal B \$		_____

B

Additional Requests

(DIS) I do not wish to have my name and contact information included in the on-site attendee list.

(SA) I require additional accommodations. Please contact me.

(XXX) I will need vegetarian meals.

(SDN) I require dietary accommodations. (Please specify.)

E

Non-CE Clinical Symposia

The symposia are included in your registration. Space will be assigned on a first-come, first-served basis. Preregistration is required. These sessions are for full-conference attendees only. AANN reserves the right to cancel or reschedule symposia.

(SY1) Morning symposium, Monday, March 18, 7–8 am

(SY2) Afternoon symposium, Monday, March 18, Noon–1 pm

For more information about CE and non-CE symposia, visit AANN.org/AnnualConference.

Pre-Conference Workshops: Sunday, March 17

	AANN Members	Nonmembers
8 am–5 pm Neuro-APP (APP)	<input type="checkbox"/> \$220	<input type="checkbox"/> \$320
8 am–Noon Brain Anatomy (001)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
1–3 pm Spine Anatomy (002)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Subtotal C \$		_____

C

Total

A \$ _____

+ B \$ _____

+ C \$ _____

+ D \$ _____

Total \$ _____

F

Payment (must accompany registration form)

VISA **DISCOVER**

- 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.

Check (enclosed)

- 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.

Account number _____

Expiration date _____

Signature _____

Cardholder's name (Please print) _____

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.