

Virtual International Neuroscience Nursing Research Symposium

Friday, January 19, 2024

For Office Use Only

Cust # _____ Mtg Ord #1- _____

Date _____

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*) _____

International Neuroscience Nursing Research Symposium

Friday, January 19, 2024

The International Neuroscience Nursing Research Symposium will be fully virtual.

Register—Active and Associate AANN Members \$175

Register—Student (open to full-time students eligible for the NCLEX exam) \$50

Join or Renew Active AANN Membership & Register \$305

Join or Renew Associate AANN Membership & Register \$275

Join New to Neuro Membership & Register \$260

Join or Renew Student AANN Membership & Register \$242

Total \$ _____

Special Requests

I do not wish to have my name and contact information included in the attendee list.

4 EASY WAYS TO REGISTER

Online*

www.AANN.org/ResearchSymposium

Mail

AANN Research Symposium

8735 W. Higgins Road, Suite 300 | Chicago, IL 60631-2738

Phone*

847.375.4733, 888.557.2266 | Mon-Fri, 9 am–7 pm ET

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 **January 4, 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 symposium, 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 symposium.

Thank you for your registration.

Tax ID #362676392

PAYMENT (must accompany registration form)



Check (enclosed)

- A nonrefundable 3% processing charge will be added to all orders paid with a credit card.
- 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) _____