



# NANN 35th Annual Conference Registration

## Savannah, GA • October 9–12, 2019

FOR OFFICE USE ONLY

Cust# \_\_\_\_\_ Mtg Ord # 1- \_\_\_\_\_  
Date \_\_\_\_\_ I \_\_\_\_\_

Complete Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_  
 Title \_\_\_\_\_ (FTA)  Check here if this will be your first NANN conference.  
 Employer \_\_\_\_\_ Employer City/State \_\_\_\_\_  
 Mailing Address ( Home  Work) \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax ( Home  Work) (\_\_\_\_\_) \_\_\_\_\_  
 Email Address\* ( Home  Work) \_\_\_\_\_  
**\*Confirmation letters will not be mailed. You will receive confirmation of your registration at the e-mail address provided.**  
 Emergency Contact Person \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

**TO REGISTER, MAKE YOUR SELECTIONS IN THE BOXES BELOW, ADD THE SUBTOTALS, AND INDICATE THE TOTAL AMOUNT IN BOX K.**

Conference Registration <b>A</b>			
	Best Value 5/13–7/8	Early Bird 7/9–8/30	Full Price 8/31–10/12
<b>NANN Member</b>	<input type="checkbox"/> \$480	<input type="checkbox"/> \$555	<input type="checkbox"/> \$605
Student Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$270	<input type="checkbox"/> \$345
NANN Join/Renew & Register	<input type="checkbox"/> \$610	<input type="checkbox"/> \$685	<input type="checkbox"/> \$735
NANN/NANNP Join/Renew & Register	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725	<input type="checkbox"/> \$775
<b>Multiple Member Discount*</b>	<input type="checkbox"/> \$420	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
<b>Nonmember</b>	<input type="checkbox"/> \$590	<input type="checkbox"/> \$665	<input type="checkbox"/> \$740
*At least 5 members' registration forms must be mailed together to receive the multiple member discount. Forms can indicate separate payments in a group order. Be sure to complete Box E.			
	<b>Subtotal A \$</b> _____		

1-Day Conference Registration <b>B</b>			
Check the day you will attend.			
(WED) <input type="checkbox"/> Wednesday, Oct. 9	(FRI) <input type="checkbox"/> Friday, Oct. 11		
(THU) <input type="checkbox"/> Thursday, Oct. 10	(SAT) <input type="checkbox"/> Saturday, Oct. 12		
	Best Value 5/13–7/8	Early Bird 7/9–8/30	Full Price 8/31–10/12
One Day Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
One Day Nonmember	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
One Day Student Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$170	<input type="checkbox"/> \$220
Be sure to complete Box E.			
	<b>Subtotal B \$</b> _____		

Preconference Event Registration <b>C</b>	
<b>Wednesday, October 9</b> <i>Space is limited. Register early.</i>	
7:30–11:30 am	Newborn Nursery Preconference (PRCON)
<input type="checkbox"/> \$125 Member	<input type="checkbox"/> \$150 Nonmember
<b>Subtotal C \$</b> _____	

APRN Summit (SUMMIT) <b>E</b>	
<b>Wednesday, October 9</b>	
11:30 am–4:30 pm	APRN Summit (SUMMIT)
<input type="checkbox"/> \$75 member	<input type="checkbox"/> \$125 nonmember
<b>Subtotal E \$</b> _____	

Guest Pass <b>D</b>	
The bearer of a guest pass may attend all food and social events, excluding preconference events; the business meeting; any sponsored symposia; and the NANNP meeting.	
Guest badge name(s) _____	
Number of guests _____ (GST) @ \$75 each	
<b>Subtotal D \$</b> _____	

Conference Sessions & Special Events Sign Up <b>F</b>		
Please complete the three-digit codes (visit the website for session codes):		
<b>Thursday, October 10</b>		
9:45–10:45 am	Concurrent Session	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
1–2:30 pm	Paper Session or Small Grant Receptent	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
3:30–4:30 pm	Concurrent Session	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>
4:30–5 pm	Riverfront Rendezvous: New Attendee Leader Meet and Greet (FTA)	<input type="checkbox"/> Check here if you will attend
<b>Friday, October 11</b>		
9–10 am	Concurrent Session	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>
10–10:45 am	SIG Roundtables	<input type="checkbox"/> Check here if you will attend
2–4 pm	Interprofessional Concurrent Session	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>
4:15–5:15 pm	Concurrent Session	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>
<b>Saturday, October 12</b>		
8:30–9:30 am	NANN Business Meeting	<input type="checkbox"/> Check here if you will attend
9:45–10:45 am	Concurrent Session	<input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/>
11 am–Noon	Concurrent Session	<input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/>

Best of NANN 2019 Session Recordings <b>G</b>			
Be one of the first to purchase the Best of NANN 2019 Session Recordings collection. Check the price that applies to your registration date and membership status.			
	Best Value 5/13–7/8	Early Bird 7/9–8/30	Full Price 8/31–10/12
<b>Member</b>	<input type="checkbox"/> \$39	<input type="checkbox"/> \$49	<input type="checkbox"/> \$59
<b>Nonmember</b>	<input type="checkbox"/> \$59	<input type="checkbox"/> \$69	<input type="checkbox"/> \$79
<b>Subtotal G \$</b> _____			

Special Requests <b>H</b>	
<input type="checkbox"/> I do not wish to have my name and contact information included in the onsite attendee list.	
<b>Dietary Needs</b>	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten free <input type="checkbox"/> Other, please contact me.
<b>Physical Requirements</b>	<input type="checkbox"/> I will be using a wheelchair. <input type="checkbox"/> Other, please contact me.

NANN Chapter Challenge <b>I</b>	
The NANN Chapter with the most attendees receives \$500! To participate, please write your chapter's name:	
_____	

Conference Connections Buddy Program <b>J</b>	
Are you interested in participating in the Conference Connections Buddy Program?	
<input type="checkbox"/> Sign up as a "Mentor Buddy"	<input type="checkbox"/> Sign up as a "Mentee Buddy"

Total <b>K</b>	
Be sure to complete Boxes F–G. <b>A or B + C + D + E + G = \$</b> _____	
<b>Total \$</b> _____	

### 4 easy ways to register

**Online**  
www.nannconference.org

**Mail**  
**NANN**  
PO Box 3781  
Oak Brook, IL 60522

**Phone**  
800.451.3795  
847.375.3660

**Fax**  
866.927.5321  
(U.S. or Canada)  
847.375.6491  
(any other country)

**Conference Cancellation Policy:** All cancellation requests must be made in writing. A \$100 processing fee will be charged for all cancellations postmarked on or before September 19, 2019. No refunds will be made under any circumstances on cancellations postmarked after that date.

NANN reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If NANN must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. NANN can make no refunds for lodging, airfare, or any other expenses related to attending the conference. **Membership dues are nonrefundable.**

All conference amenities may not be available to on-site registrants, so we urge you to register in advance.

**Photography, video, and information disclosure:** Photographs and videos may be taken of participants. These are for NANN's use only and may appear on NANN'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 NANN's use of these photographs, videos, and information.

### Payment If payment does not accompany this form, your registration will not be processed.

Check enclosed

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
- If you fax this form, please do not mail the original.
- Fax, phone, and online orders are accepted only with credit card payment.
- In the event of a miscalculation, NANN will charge to the credit card an amount NANN reasonably deems to be accurate.
- Make check payable to NANN.
- 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 \_\_\_\_\_  
 Cardholder's Name (Please print.) \_\_\_\_\_ Signature \_\_\_\_\_