



NANN 33RD ANNUAL CONFERENCE REGISTRATION

PROVIDENCE, RI • OCTOBER 11–14, 2017

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) (_____) _____
 E-mail 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 H.

Conference Registration		A	
	Early-Bird Rates On or Before 8/28/17	Regular Rates After 8/28/17	
NANN Member	<input type="checkbox"/> \$505	<input type="checkbox"/> \$605	
Join & Register	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735	
Member with Multiple-Member Discount <i>(at least five registrations from the same facility must arrive together)</i>	<input type="checkbox"/> \$435	<input type="checkbox"/> \$535	
NANN Renew & Register	<input type="checkbox"/> \$635	<input type="checkbox"/> \$735	
NANN/NANNP Member	<input type="checkbox"/> \$505	<input type="checkbox"/> \$605	
NANN/NANNP Join & Register	<input type="checkbox"/> \$675	<input type="checkbox"/> \$775	
NANN/NANNP Renew & Register	<input type="checkbox"/> \$665	<input type="checkbox"/> \$765	
Student	<input type="checkbox"/> \$245	<input type="checkbox"/> \$345	
Join & Register Student	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	
Renew & Register Student	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	
Nonmember	<input type="checkbox"/> \$640	<input type="checkbox"/> \$740	
<i>Be sure to complete Box E.</i>			
Subtotal A \$		_____	

1-Day Conference Registration		B	
<i>Check the day you will attend.</i>			
(WED) <input type="checkbox"/> Wednesday, Oct. 11 (See Box C if attending NeuroNICU preconference.)			
(THU) <input type="checkbox"/> Thursday, Oct. 12 (FRI) <input type="checkbox"/> Friday, Oct. 13 (SAT) <input type="checkbox"/> Saturday, Oct. 14			
	Early-Bird Rates On or Before 8/28/17	Regular Rates After 8/28/17	
Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	
Nonmember	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	
<i>Be sure to complete Box E.</i>			
Subtotal B \$		_____	

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

Guest Pass		D	
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. A guest pass is for a guest accompanying a conference registrant.			
Guest badge name(s) _____			
Number of guests _____ (GST) @ \$75 each			
Subtotal D \$		_____	

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

- 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.

 Check enclosed

- 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 _____

Conference Sessions & Special Events Sign-Up		E	
<i>Please complete the three-digit codes (visit the website for session codes):</i>			
Wednesday, October 11			
11:30 am–12:30 pm NANNP Luncheon and Business Meeting <i>(for NANNP members only) (NANNP)</i>	<input type="checkbox"/> Check here if you will attend.		
12:30–4:30 pm Advanced Practice Summit (SUMMT)	<input type="checkbox"/> Check here if you will attend.		
Thursday, October 12			
10:45–11:45 am Concurrent Session		<input type="text" value="1"/>	<input type="text" value=""/>
1:45–3:15 pm Paper Session or Small Grant Recipient		<input type="text" value="3"/>	<input type="text" value=""/>
3:30–4:30 pm Concurrent Session		<input type="text" value="2"/>	<input type="text" value=""/>
Friday, October 13			
7:45–8:45 am Roundtable Breakfast Forum on Health Policy and Advocacy (HPAR)	<input type="checkbox"/> Check here if you will attend.		
Roundtable Breakfast Forum New NNP (NNPR)	<input type="checkbox"/> Check here if you will attend.		
SIG Networking Breakfast		<input type="text" value="5"/>	<input type="text" value=""/>
9–10 am Concurrent Session		<input type="text" value="4"/>	<input type="text" value=""/>
2–4 pm Interprofessional Concurrent Session		<input type="text" value="7"/>	<input type="text" value=""/>
4:15–5:15 pm Concurrent Session		<input type="text" value="5"/>	<input type="text" value=""/>
Saturday, October 14			
8–9 am NANN Business Meeting	<input type="checkbox"/> Check here if you will attend.		
9:15–10:15 am Concurrent Session		<input type="text" value="6"/>	<input type="text" value=""/>
10:30–11:30 am Concurrent Session		<input type="text" value="8"/>	<input type="text" value=""/>

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

NANN Chapter Challenge		G	
To participate in the Chapter Challenge, please write in your chapter's name:			

Conference Connections Buddy Program		H	
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		I	
A or B + C + D = \$		_____	
Total \$		_____	
<i>Be sure to complete Boxes E–G.</i>			

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 30, 2017. 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.