



NANN 40th Annual Conference Registration

Orlando, FL • September 18-20, 2024

FOR OFFICE USE ONLY
 Cust# _____ Mtg Ord # 1- _____
 Date _____ | _____

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 email 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.

PICK ONE, A OR B

Conference Registration A

	Best Value 4/12-6/29	Early Bird 6/30-8/5	Full Price 8/6-9/20
NANN Member	<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"/> \$320
NANN Join & Register	<input type="checkbox"/> \$605	<input type="checkbox"/> \$680	<input type="checkbox"/> \$730
Multiple Member Discount*	<input type="checkbox"/> \$432	<input type="checkbox"/> \$500	<input type="checkbox"/> \$545
Nonmember	<input type="checkbox"/> \$615	<input type="checkbox"/> \$690	<input type="checkbox"/> \$740

*To receive 10% off each registration, at least 5 members must register together online at nann.org/conference (or send their registration forms together).
 Be sure to complete Box E. **Subtotal A \$** _____

1-Day Conference Registration B

Check the day you will attend.
 (WED) Wednesday, September 18 (THU) Thursday, September 19
 (FRI) Friday, September 20

	Best Value 4/12-6/29	Early Bird 6/30-8/5	Full Price 8/6-9/20
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

Be sure to complete Box E. **Subtotal B \$** _____

PICK ONE, C OR D

Preconference Event Registration C

Tuesday, September 17 Space is limited. Register early.
 1:00 - 5:30 PM NRP® Subtotal Skills Hands-On Workshop Preconference (PRCON)
 \$175 Member \$225 Nonmember

Subtotal C \$ _____

All-Day APRN Summit (SUMMIT) D

Tuesday, September 17
 8:00 AM - 5:30 PM APRN Summit (SUMMIT)
 \$199 member \$249 nonmember **Subtotal D \$** _____

Guest Pass E

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) @ \$125 each

Subtotal E \$ _____

Conference Cancellation Policy
 All cancellation requests must be made in writing. A \$100 processing fee will be charged for all cancellations postmarked or received via email on or before September 1, 2024. No refunds will be made under any circumstances on cancellations postmarked or received via email 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.

Special Requests F

Data Sharing I consent to NANN sharing my Data with vendors and sponsors of the NANN Annual Conference.
Dietary Needs Vegetarian Gluten free Vegan Other, please contact me.
Accessibility Needs I will be using a wheelchair. Other, please contact me.

NANN Chapter Challenge G

The NANN Chapter with the most attendees receives \$500! To participate, please write your chapter's name:

Total H

Be sure to complete Boxes F-G.

A + C or D + E \$ _____
B + C or D + E \$ _____
TOTAL \$ _____

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

MasterCard VISA AMERICAN EXPRESS DISCOVER

- 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.

Account Number _____ Expiration Date _____
 Cardholder's Name (Please print.) _____ Signature _____

Check enclosed Check Number _____ Dated _____ Amount _____

- 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.

4 EASY WAYS TO REGISTER

Online nannconference.org	Mail NANN PO Box 88019 Chicago, IL 60680-8019	Phone 800.451.3795 847.375.3660	Fax 866.927.5321 (U.S. or Canada) 847.375.6491 (any other country)
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Information, Photography, and Video Disclosure

USE BY NANN: Attendee name, email address, and other demographic information (collectively "Data") may be used by NANN in order to process your registration and to provide you with information regarding NANN's programs and services. Additionally, photographs and videos may be taken of participants to be used only by NANN and its association management company on NANN's website, in printed brochures, or in other promotional or informational materials. Attendee registration for the event constitutes consent for NANN's use of your Data, photography, and videos as set forth in this policy.

USE BY VENDORS AND SPONSORS: Further, with your consent below, NANN may share your Data with NANN's vendor and sponsor organizations which participate in the NANN Annual Meeting so that they may provide you with information regarding their products and services.

I consent to NANN sharing my Data with vendors and sponsors of the NANN Annual Conference.