



NANN 41st Annual Conference Registration

Palm Springs, CA • September 10-12, 2025

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

Complete Name _____
 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.

TO REGISTER, MAKE YOUR SELECTIONS IN THE BOXES BELOW, ADD THE TOTALS, AND INDICATE THE TOTAL AMOUNT IN BOX 3.

| In-Person Conference Registration | | | | Additional Events | | |
|-----------------------------------|--------------------------------|--------------------------------|-----------------------------------|---|--------------------------------|--------------------------------|
| | Best Value 4/24/25-7/11/25 | Early Bird 7/12/25-8/1/25 | Full Price 8/2/25-9/12/25 | | Member Price | Non-Member Price |
| NANN Member | <input type="checkbox"/> \$530 | <input type="checkbox"/> \$605 | <input type="checkbox"/> \$655 | APRN Summit | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$295 |
| Non-Member | <input type="checkbox"/> \$665 | <input type="checkbox"/> \$740 | <input type="checkbox"/> \$790 | NANN Business Meeting (members only) | <input type="checkbox"/> Free | |
| Student Member | <input type="checkbox"/> \$210 | <input type="checkbox"/> \$285 | <input type="checkbox"/> \$335 | NANN After Dark | <input type="checkbox"/> Free | <input type="checkbox"/> Free |
| NANN Join & Register | <input type="checkbox"/> \$655 | <input type="checkbox"/> \$730 | <input type="checkbox"/> \$780 | NANN After Dark Guest Pass | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$50 |
| Multiple Member Discount* | <input type="checkbox"/> \$482 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$594.50 | | | |
| Daily Member | <input type="checkbox"/> \$240 | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$340 | | | |
| <input type="text"/> | | | | | | |
| Daily Non-Member | <input type="checkbox"/> \$310 | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$410 | | | |
| <input type="text"/> | | | | | | |
| Guest Pass | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$175 | | | |
| | | | | | | |

*To receive 10% off each registration, at least 5 members must register together online at nann.org/conference (or send their registration forms together).

TOTAL CONFERENCE REGISTRATION \$

NANN Data Sharing Policy

By checking this box, I consent to NANN sharing my Data with vendors and sponsors of the NANN Annual Conference

NANN Chapter Challenge

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

Payment

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

Credit Card

- 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.) _____ CVV _____

Signature _____

Check

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.

Registration Questionnaire

1. Please select any dietary requirements necessary for your health, safety, or religious observance.
2. Please inform us of any accessibility needs that may impact your participation in the conference.
 This includes sight, hearing, mobility, etc. _____
3. Emergency Contact Name _____
4. Emergency Contact Phone Number _____
5. Are you interested in lending your voice to the needs of neonatal nurses for future educational offerings?
 Indicate your interest in our Wednesday or Thursday afternoon focus groups below!
 Yes, please share more info on the focus groups! No, I do not plan to participate.

4 EASY WAYS TO REGISTER

Online
nann.org/conference

Mail
 NANN
 PO Box 88019
 Chicago, IL 60680-1019

Phone
 847.375.3660

Fax
 847.375.6491 (U.S. or Canada)
 866.927.5321 (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 or received via email on or before August 14, 2025. 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.

2025 Data Privacy Policy

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