

## **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/					,	
Mailing Address (□ Home □ Wo						
City/State/ZIP						
			Fax (□ Home □ Work)			
Email Address* (☐ Home ☐ Worl						
TO REGISTER, MAKE	YOUR SELECTION	ONS IN THE I	-			TAL AMOUNT IN BOX 3.
In-Person Conference Registration			Additional Events			
	Best Value 4/24/25-6/27/25	Early Bird 6/28/25-8/1/25	Full Price 8/2/25-9/12/25		Membe	er Price Non-Member Price
NANN Member	\$530	\$605	\$655	APRN Summit		\$225 \$295
Non-Member	\$665	\$740	\$790	NANN Business Meeting	(members only)	Free
Student Member	\$210	\$285	\$335	NANN After Dark		Free Free
NANN Join & Register	\$655	<b>\$730</b>	\$780	NANN After Dark Guest P	ass	\$50 \$50
Multiple Member Discoun	t* S482	\$550	\$594.50			
Daily Member  Wednesday 9/10 Thursday 9/12 9/12	\$240	\$290	\$340			
Daily Non-Member  □ Wednesday □ Thursday □ 9/11 □ 9/12	\$310	\$360	\$410		registration, at least 5 mem erence (or send their registra	0 0
Guest Pass	\$175	\$175	\$175	TOTAL CONFER	ENCE REGISTRATION	\$
with vendors and sp	oonsors of the NANN A	Annual Conferen	ce	To participate, please write y	our chapter's name:	
Payment				If payment does not accompany this form, your registration will not be processed.		
Credit Card				Check		
• If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.			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.			
<ul> <li>If you fax this form, please do not mail the original.</li> <li>Fax, phone, and online orders are accepted only with credit card payment.</li> </ul>			V			
<ul> <li>In the event of a miscalculation, NANN will charge to the credit card an amount NANN reasonably deems to be accurate.</li> </ul>			Registration Questionnaire			
Account Number Expiration Date			Please select any dietary requirements necessary for your health, safety, or religious observance.      Please inform us of any accessibility needs that may impact your participation in the conference.  This includes sight, hearing, mobility, etc.			
Account Number		Dipirati		This includes sight, hearing, mobility,e  3. Emergency Contact Name  4. Emergency Contact Phone Number		
Cardholder's Name (Please print.)			A. 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!			
Signature			Yes, please share more info on the focus groups! No, I do not plan to participate.			
4 EASY WAY TO REGISTER		Online nann.org/	conference	Mail NANN 1061 American Ln Suite 310 Schaumburg, IL 60173-4973	Phone 847.375.3660	Fax 847.375.6491 (U.S. or Canada) 866.927.5321 (any other country)
Conference Cancellation Police All cancellation requests must be made cancellations postmarked or received	de in writing. A \$100 proces					aphic information (collectively "Data") provide you with information regarding

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.

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.

 $\textbf{USE BY VENDORS AND SPONSORS:} \ \textbf{Further, with your consent below, NANN may share your Data with}$ 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.

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

\_I consent to NANN sharing my Data with vendors and sponsors of the NANN Annual Conference