

American Nephrology Nurses Association | REGISTRATION FORM

Nephrology Nursing Practice, Management, & Leadership Conference · October 12-14, 2019

All pre-registrations must be received with payment by October 4, 2019. Registrations received after this date will be processed onsite.

| | | | |
|---|------------|--|---|
| NAME | | ANNA Membership # | |
| CREDENTIALS | | <input type="checkbox"/> RN/NP <input type="checkbox"/> Non-RN | |
| PREFERRED ADDRESS <input type="checkbox"/> Personal <input type="checkbox"/> Business | | | |
| COMPANY (if work address) | | | |
| CITY | STATE/PROV | ZIP/POSTAL CODE | COUNTRY |
| PREFERRED DAYTIME TELEPHONE <input type="checkbox"/> Personal <input type="checkbox"/> Business | | Please check one of the following. I am registering as: <input type="checkbox"/> Administrator/Nurse Manager <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Educator <input type="checkbox"/> Other | Please indicate if you are: <input type="checkbox"/> Attending an ANNA Fall Meeting for the first time |
| EMAIL (required for confirmation) | | | |
| NICKNAME FOR BADGE | | | |

| REGISTRATION FEES | PAYMENT SUMMARY | | | | |
|---|--|---|---------|-----------|--|
| Join ANNA / Renew ANNA Membership with Registration | | | | | |
| <p>You must be an ANNA member in good standing at the time you register to qualify for the "Member" rate. To join ANNA (or renew your ANNA membership) when registering, choose the "Regular" registration rate.</p> <p style="text-align: center;">Fee includes 1-year ANNA membership (new or renewal)</p> <p style="text-align: center;">↓ ↓ ↓</p> | | | | | |
| <p>NOTE: Workshops require a separate registration fee. If registering for a workshop, please indicate your choices below.</p> | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MEMBER</th> <th style="width: 33%;">REGULAR</th> <th style="width: 33%;">NONMEMBER</th> </tr> </table> | MEMBER | REGULAR | NONMEMBER | |
| MEMBER | REGULAR | NONMEMBER | | | |
| Preconference Workshop (010, 020, or 030) | <input type="checkbox"/> \$220 <input type="checkbox"/> \$300 <input type="checkbox"/> \$320 | Best Deal \$ _____ <i>Must be received by 8/16.</i> | | | |
| Morning Workshop (040, 050, or 060) | <input type="checkbox"/> \$75 <input type="checkbox"/> \$75 | Preconference Workshop Fee \$ _____ | | | |
| Conference (Received by 9/3) | <input type="checkbox"/> \$370 <input type="checkbox"/> \$450 <input type="checkbox"/> \$470 | Morning Workshop Fee \$ _____ | | | |
| Conference (Received 9/4-9/30) | <input type="checkbox"/> \$420 <input type="checkbox"/> \$500 <input type="checkbox"/> \$520 | Conference Registration \$ _____ | | | |
| Conference (Received on/after 10/1 & onsite) | <input type="checkbox"/> \$470 <input type="checkbox"/> \$550 <input type="checkbox"/> \$570 | TOTAL DUE \$ _____ | | | |
| BEST DEAL! Combination Preconference and Morning Workshops and 3-Day Conference (Indicate Workshop choices below) Registration must be received by 8/16 | <input type="checkbox"/> \$630 <input type="checkbox"/> \$710 <input type="checkbox"/> \$730 | <i>See payment policy details at www.annanurse.org</i> | | | |
| 1-Day Registration (Check day) <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon | <input type="checkbox"/> \$230 <input type="checkbox"/> \$310 <input type="checkbox"/> \$330 | | | | |

Session Choices (Please mark the sessions and activities you will attend.)

| Friday (10/11) | Saturday (10/12) | Sunday (10/13) | Monday (10/14) |
|---|--|---|--|
| <p>8:30 am-4:30 pm Optional Preconference Workshop* <input type="checkbox"/> 010 Advanced CKD <input type="checkbox"/> 020 Nurse Management <input type="checkbox"/> 030 Opioid Use Disorder</p> <p>* Additional fee required (see payment summary).</p> | <p>8:00-9:30 am Optional Morning Workshop* <input type="checkbox"/> 040 Diabetes <input type="checkbox"/> 050 Doing More with Less <input type="checkbox"/> 060 Advance Care Planning</p> <p>10:00-11:30 am <input type="checkbox"/> 101 General Session</p> <p>12:00-1:30 pm <input type="checkbox"/> 110 Lunch/Program (Pending)</p> <p>1:45-3:00 pm <input type="checkbox"/> 111 <input type="checkbox"/> 112 <input type="checkbox"/> 113 <input type="checkbox"/> 114</p> <p>3:15-4:30 pm <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123 <input type="checkbox"/> 124</p> <p>4:30-6:30 pm <input type="checkbox"/> Exhibit Hall Reception</p> | <p>7:00-8:45 am <input type="checkbox"/> 201 Breakfast/Program (Pending)</p> <p>10:00-11:30 am <input type="checkbox"/> 211 <input type="checkbox"/> 212 <input type="checkbox"/> 213 <input type="checkbox"/> 214</p> <p>12:45-2:30 pm <input type="checkbox"/> 220 Lunch/Program</p> <p>2:45-3:45 pm <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233 <input type="checkbox"/> 234</p> <p>4:00-5:00 pm <input type="checkbox"/> 241 <input type="checkbox"/> 242 <input type="checkbox"/> 243 <input type="checkbox"/> 244</p> | <p>7:30-9:00 am <input type="checkbox"/> 311 <input type="checkbox"/> 312 <input type="checkbox"/> 313 <input type="checkbox"/> 314</p> <p>9:15-10:45 am <input type="checkbox"/> 321 <input type="checkbox"/> 322 <input type="checkbox"/> 323 <input type="checkbox"/> 324</p> <p>11:00 am-12:00 nn <input type="checkbox"/> 330 General Session</p> <p style="font-size: small;">If any special disability or meal arrangements are needed, please attach a note of explanation.</p> |

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|---|---|
| <p>If submitting registration via UPS or Federal Express, send to: ANNA National Office, 200 East Holly Avenue, Sewell, NJ 08080</p> | <p>If any special disability or diet arrangements are needed, please attach a note of explanation.</p> |
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Check enclosed Charge my Visa Mastercard Am. Express

for the amount of \$ _____

If paying by credit card, you may FAX to 856-218-0557.

Expiration Date _____

ACCOUNT NUMBER _____

Card Security Code: _____ (3-Digit code found on back of Visa & Mastercard;
4-Digit code on front of American Express.)

Print Cardholder's Name _____

Signature _____

Save time and register online at annanurse.org

Registrations will not be processed without payment. Send completed registration form with payment to ANNA in U.S. funds to:

ANNA Registration
East Holly Avenue/Box 56
Pitman, NJ 08071-0056
Fax: 856-218-0557
anna@annanurse.org