

American Nephrology Nurses Association | REGISTRATION FORM

Nephrology Nursing Practice, Management, & Leadership Conference

November 7-8, 2020

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 indicate if you are: <input type="checkbox"/> Attending ANNA Fall Meeting for the first time
EMAIL (required for confirmation)			

Please check one of the following.

I am registering as:

Administrator/Nurse Manager Advanced Practice Nurse Staff Nurse Educator Other

REGISTRATION FEES			PAYMENT SUMMARY		
<p>Join ANNA / Renew ANNA Membership with Registration</p> <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>Registration \$ _____</p> <p>TOTAL DUE \$ _____</p> <p>See payment policy at www.annanurse.org</p> <p>All mailed pre-registrations must be received with payment by October 23, 2020.</p>		
	MEMBER	REGULAR	NONMEMBER		
Standard 8.25 contact hours	<input type="checkbox"/> \$190	<input type="checkbox"/> \$270	<input type="checkbox"/> \$290		
Premium 16.5 contact hours	<input type="checkbox"/> \$330	<input type="checkbox"/> \$410	<input type="checkbox"/> \$430		
<p>If submitting registration via UPS or Federal Express, send to: ANNA National Office, 200 East Holly Avenue, Sewell, NJ 08080</p>					

Check enclosed Charge my Visa Mastercard Am. Express

for the amount of \$ _____

If paying by credit card, you may FAX to 856-218-0557 or email to anna@annanurse.org.

_____ 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 _____

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

ANNA Fall Meeting
East Holly Avenue Box 56
Pitman, NJ 08071-0056
FAX 856-218-0557
anna@annanurse.org

**Save time and register online at:
annanurse.org/fall2020**