

American Nephrology Nurses Association | REGISTRATION FORM

Nephrology Nursing Practice, Management, & Leadership Conference • September 17-19, 2021

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

REGISTRATION FEES	PAYMENT SUMMARY			
Join ANNA / Renew ANNA Membership with Registration 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. NOTE: Workshops require a separate registration fee. If registering for a workshop, please indicate your choices below.				
Fee includes 1-year ANNA membership (new or renewal)	Best Deal \$ _____ <i>Must be received by 8/6.</i>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; background-color: #e91e63; color: white;">MEMBER</td> <td style="width: 33%; text-align: center; background-color: #fff9c4;">REGULAR</td> <td style="width: 33%; text-align: center; background-color: #2196f3; color: white;">NONMEMBER</td> </tr> </table>	MEMBER	REGULAR	NONMEMBER	Preconference Workshop Fee \$ _____ Conference Registration \$ _____
MEMBER	REGULAR	NONMEMBER		
In-Person Registration Options				
Preconference Workshop (select 010 or 020 below)	<input type="checkbox"/> \$100 <input type="checkbox"/> \$180 <input type="checkbox"/> \$200			
Conference (received by 8/6)	<input type="checkbox"/> \$370 <input type="checkbox"/> \$450 <input type="checkbox"/> \$470			
Conference (received 8/7-9/3)	<input type="checkbox"/> \$420 <input type="checkbox"/> \$500 <input type="checkbox"/> \$520			
Conference (received on/after 9/4 and onsite)	<input type="checkbox"/> \$470 <input type="checkbox"/> \$550 <input type="checkbox"/> \$570			
BEST DEAL! Preconference Workshop and 3-day conference (select 010 or 020 below) <i>Registration must be received by 8/6</i>	<input type="checkbox"/> \$420 <input type="checkbox"/> \$500 <input type="checkbox"/> \$520			
1-day registration (Check day) <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> \$230 <input type="checkbox"/> \$310 <input type="checkbox"/> \$330			
Livestream Registration Options				
Preconference Workshop (010 only)	<input type="checkbox"/> \$100 <input type="checkbox"/> \$180 <input type="checkbox"/> \$200			
Conference (received by 8/6)	<input type="checkbox"/> \$190 <input type="checkbox"/> \$270 <input type="checkbox"/> \$290			
Conference (received on/after 8/7)	<input type="checkbox"/> \$240 <input type="checkbox"/> \$320 <input type="checkbox"/> \$340			
BEST DEAL! Preconference 010 and 3-day conference <i>Registration must be received by 8/6</i>	<input type="checkbox"/> \$240 <input type="checkbox"/> \$320 <input type="checkbox"/> \$340			
TOTAL DUE \$ _____ <i>See payment policy details at www.annanurse.org</i>				
Note: Signed COVID Waiver must accompany completed in-person registration forms.				
All in-person pre-registrations must be received with payment by September 9, 2021. In-person registrations received after this date will be processed onsite.				



Session Choices (to be completed ONLY if you are attending in-person conference in Florida)			
Thursday (9/16)	Friday (9/17)	Saturday (9/18)	Sunday (9/19)
8:30 am-4:30 pm Optional Preconference Workshop* <input type="checkbox"/> 010 Health Policy <input type="checkbox"/> 020 End-of-Life Issues * Additional fee required (see payment summary).	7:45-9:30 am <input type="checkbox"/> 100 Breakfast/Program (pending) 10:00-11:30 am <input type="checkbox"/> 101 General Session 12:00-1:30 pm <input type="checkbox"/> 110 Lunch/Program 1:45-3:00 pm <input type="checkbox"/> 111 <input type="checkbox"/> 112 <input type="checkbox"/> 113 3:15-4:30 pm <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123 4:30-6:30 pm <input type="checkbox"/> Exhibit Hall Reception	7:00-8:45 am <input type="checkbox"/> 201 Breakfast/Program 10:00-11:30 am <input type="checkbox"/> 211 General Session 12:45-2:30 pm <input type="checkbox"/> 220 Lunch/Program 2:45-3:45 pm <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233 4:00-5:00 pm <input type="checkbox"/> 241 <input type="checkbox"/> 242 <input type="checkbox"/> 243	7:30-9:00 am <input type="checkbox"/> 311 <input type="checkbox"/> 312 <input type="checkbox"/> 313 9:15-10:45 am <input type="checkbox"/> 321 <input type="checkbox"/> 322 <input type="checkbox"/> 323 11:00 am-12:00 nn <input type="checkbox"/> 330 General Session If any special disability or meal arrangements are needed, please attach a note of explanation.
If submitting registration via UPS or Federal Express, send to: ANNA National Office, 200 East Holly Avenue, Sewell, NJ 08080			

Check enclosed
 Charge my Visa Mastercard Am. Express
 for the amount of \$ _____
If paying by credit card, you may FAX to 856-218-0557.

ACCOUNT NUMBER _____
 Expiration Date _____

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 _____

**3 easy ways to register.
Reserve your spot today!**

ONLINE
 credit card payments only
annanurse.org/fall2021

FAX
 (payment with credit card info)
856-218-0557

MAIL (with payment)
ANNA Registration
 East Holly Avenue/Box 56
 Pitman, NJ 08071-0056



COVID Waiver and Release of Liability

To ensure the health and safety of all participants, ANNA requires that you acknowledge and accept the risks and requirements associated with participation in the 2021 Nephrology Nursing Practice, Management, & Leadership Conference.

Waiver and Release of Liability

I acknowledge that I am over 18, competent to give my consent, and accept the risks associated with participation in this event, including without limitation, the possibility of contracting COVID-19, which could result in a serious medical condition or other outcome.

I also hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against ANNA or Anthony J. Jannetti, Inc. and their affiliated partners and sponsors, including in each case, without limitation, their owners, directors, trustees, officers, agents, employees, volunteers, or other representatives, and, either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to bodily injury, illness, economic loss or out-of-pocket expenses which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in this event and promise that I shall not sue any of the above parties in pursuit of any remedies thereof. I do so voluntarily, with sufficient understanding of the risks involved, free from any inducement or representation, and as my own free act and deed with full intention to be bound by these terms.

Participant Name (print): _____

Participant Signature (sign): _____ Date: _____

Safety Requirements

When you pick up your registration packet on-site, you will be asked to affirm the following information in writing.

- You do not currently nor within the past fourteen (14) days have any symptoms which the CDC has defined as associated with COVID-19, which include but are not limited to, fever, chills, cough, new loss of taste or smell, and shortness of breath.
- You do not believe that you may have been exposed to a confirmed or suspected case of COVID-19 and have not been diagnosed with COVID-19 without being cleared as non-contagious by state or local public health authorities or the health care team responsible for your treatment.

If your condition changes during the Convention with respect to any of the above, you agree to immediately remove yourself from participation and to contact hotel security, per their policies and procedures.

While in physical attendance at this event, you agree to comply with all rules, regulations, and guidelines designed to prevent the spread of COVID-19 as indicated by any federal, state, or local laws as well as any imposed by the venue, by ANNA, or by any of their representatives or agents.

Note: A completed waiver/release form must accompany in-person registrations.