


# American Nephrology Nurses Association | REGISTRATION FORM


Nephrology Nursing Practice, Management, & Leadership Conference • October 14-16, 2023


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

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

 **ONLINE**  
credit card payments only  
[annanurse.org/fall23](http://annanurse.org/fall23)

 **EMAIL**  
credit card payments only  
[anna@annanurse.org](mailto:anna@annanurse.org)

 **FAX**  
credit card payments only  
856-218-0557

 **MAIL** (with payment)  
ANNA Registration  
Box 56  
Pitman, NJ 08071-0056

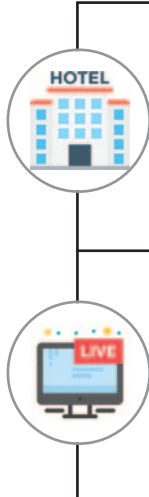
If sending via UPS or Federal Express, send to:  
**ANNA National Office**  
200 East Holly Avenue  
Sewell, NJ 08080

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
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<b>Join ANNA / Renew ANNA Membership with Registration</b>			
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. <b>NOTE:</b> Workshops require a separate registration fee. If registering for a workshop, please indicate your choice below.		Fee includes 1-year ANNA membership (new or renewal) ↓ ↓ ↓	
	<b>MEMBER</b>	<b>REGULAR</b>	<b>NONMEMBER</b>

Preconference Workshop Fee	\$ _____
Conference Registration	\$ _____
<b>TOTAL DUE</b>	<b>\$ _____</b>



In-Person Registration Options			
Preconference Workshop (select 010 or 020 below)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$330	<input type="checkbox"/> \$350
Conference (received by 8/27)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$480	<input type="checkbox"/> \$500
Conference (received 8/28-9/23)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$530	<input type="checkbox"/> \$550
Conference (received on/after 9/24 and onsite)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$580	<input type="checkbox"/> \$600
1-day registration (Check day) <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon	<input type="checkbox"/> \$260	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360
Livestream Registration Options			
Preconference Workshop (020 only)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$330	<input type="checkbox"/> \$350
Conference (received by 8/27)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$480	<input type="checkbox"/> \$500
Conference (received 8/28-9/23)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$530	<input type="checkbox"/> \$550
Conference (received on/after 9/24)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$580	<input type="checkbox"/> \$600
1-day registration (Check day) <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon	<input type="checkbox"/> \$260	<input type="checkbox"/> \$340	<input type="checkbox"/> \$360

All in-person pre-registrations must be received with payment by October 6, 2023. 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 Chicago)			
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Friday (10/13)	Saturday (10/14)	Sunday (10/15)	Monday (10/16)
<b>8:00 am-4:30 pm</b> Optional Preconference Workshop* <input type="checkbox"/> 010 Leadership <input type="checkbox"/> 020 Baxter PDEA  * Additional fee required (see payment summary).	<b>7:15 am</b> <input type="checkbox"/> 101 Breakfast/Program (pending)  <b>9:15 am</b> <input type="checkbox"/> 110 General Session  <b>10:30 am</b> <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123  <b>12:00 nn</b> <input type="checkbox"/> 130 Lunch/Program  <b>1:45 pm</b> <input type="checkbox"/> 141 <input type="checkbox"/> 142 <input type="checkbox"/> 143  <b>3:15-4:30 pm</b> <input type="checkbox"/> 151 <input type="checkbox"/> 152 <input type="checkbox"/> 153  <b>4:30 pm</b> <input type="checkbox"/> Exhibit Hall Reception	<b>7:15 am</b> <input type="checkbox"/> 200 Breakfast/Program (pending)  <b>10:15 am</b> <input type="checkbox"/> 210 General Session  <b>12:30 pm</b> <input type="checkbox"/> 220 Lunch/Program  <b>2:15 pm</b> <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233  <b>3:30 pm</b> <input type="checkbox"/> 240 General Session  <b>5:00 pm</b> <input type="checkbox"/> 251 <input type="checkbox"/> 252 <input type="checkbox"/> 253	<b>8:00 am</b> <input type="checkbox"/> 301 <input type="checkbox"/> 302 <input type="checkbox"/> 303  <b>9:30 am</b> <input type="checkbox"/> 310 General Session  <b>10:45 am</b> <input type="checkbox"/> 320 General Session  If any special disability or meal arrangements are needed, please attach a note of explanation.

Check enclosed  
 Charge my    Visa    Mastercard    Am. Express  
 for the amount of \$ \_\_\_\_\_

Card Security Code: \_\_\_\_\_ (3-Digit code found on back of Visa & Mastercard; 4-Digit code on front of American Express.)  
 Print Cardholder's Name \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_