

American Nephrology Nurses Association | REGISTRATION FORM

2017 National Symposium — April 7-10, 2017 — Marriott Wardman Park • Washington, DC

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		All pre-registrations must be received with payment by March 31, 2017. Registrations received after this date will be processed onsite.	Please indicate if you are: <input type="checkbox"/> Attending National Symposium for the first time
EMAIL (required for confirmation)			
NICKNAME FOR BADGE			

NATIONAL SYMPOSIUM REGISTRATION FEES			PAYMENT SUMMARY		
MEMBERS: You must be a member in good standing at the time you register to qualify for the member rate. You may include dues with registration.	SPECIAL NEW MEMBER OFFER: Regular Fee will include a 1-Year ANNA Membership. See page 13 for details and limitations.		Preference	\$ _____	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #00bcd4; color: white;">MEMBER</td> <td style="background-color: #ff9800; color: white;">REGULAR</td> <td style="background-color: #00bcd4; color: white;">NONMEMBER</td> </tr> </table>	MEMBER	REGULAR	NONMEMBER	National Symposium
MEMBER	REGULAR	NONMEMBER			
Preconference Workshops Received by 2/20 Received 2/21-3/27 Received on/after 3/28 and onsite	<i>Indicate session choice below: 010-050</i> <input type="checkbox"/> \$140 <input type="checkbox"/> \$155 <input type="checkbox"/> \$165	<input type="checkbox"/> \$220 <input type="checkbox"/> \$235 <input type="checkbox"/> \$245	Combination/Best Deal (Only before 2/20/2017)	\$ _____	
National Symposium Received by 2/20 Received 2/21-3/27 Received on/after 3/28 and onsite	<input type="checkbox"/> \$430 <input type="checkbox"/> \$480 <input type="checkbox"/> \$530	<input type="checkbox"/> \$510 <input type="checkbox"/> \$560 <input type="checkbox"/> \$610	Daily	\$ _____	
<div style="background-color: #e91e63; color: white; padding: 2px; display: inline-block; font-weight: bold;">BEST DEAL!</div> Combination Preconference Workshop & National Symposium Registration must be received by 2/20	<i>Indicate session choice below: 010-050</i> <input type="checkbox"/> 540	<input type="checkbox"/> \$620	Postconference Workshop	\$ _____	
Daily Registration One Day (check day) __ Sat __ Sun __ Mon Two Days (check days) __ Sat/Sun __ Sun/Mon	<input type="checkbox"/> \$225 <input type="checkbox"/> \$360	<input type="checkbox"/> \$305 <input type="checkbox"/> \$440	Spouse/Guest Fee (\$100)	\$ _____	
Postconference Workshop	<input type="checkbox"/> \$90	<input type="checkbox"/> \$140	Membership Dues – Renewal (Optional)	\$ _____	
Are you bringing a guest? (\$100 fee; exhibits only) Guest Name: _____			Reference Materials (\$25)	\$ _____	
<input type="checkbox"/> \$100			TOTAL DUE \$ _____ <i>See payment policy at www.annanurse.org</i>		
If submitting registration via UPS or Federal Express, send to: ANNA National Office, 200 East Holly Avenue, Sewell, NJ 08080			If any special disability or diet arrangements are needed, please attach a note of explanation.		

SESSION CHOICES: Please mark the sessions and activities you will attend				
Thursday (4/6)	Saturday (4/8)	Sunday (4/9)	Monday (4/10)	
6:00pm <input type="checkbox"/> 100	6:00am <input type="checkbox"/> 105	12:30pm <input type="checkbox"/> 150	7:00am <input type="checkbox"/> 201 (pending)	3:15pm <input type="checkbox"/> 241 <input type="checkbox"/> 244 <input type="checkbox"/> 242 <input type="checkbox"/> 245 <input type="checkbox"/> 243
Friday (4/7)	7:15am <input type="checkbox"/> 110 (pending)	1:00pm <input type="checkbox"/> 161 <input type="checkbox"/> 164 <input type="checkbox"/> 162 <input type="checkbox"/> 165 <input type="checkbox"/> 163	10:30am <input type="checkbox"/> 211 <input type="checkbox"/> 214 <input type="checkbox"/> 212 <input type="checkbox"/> 215 <input type="checkbox"/> 213	7:15am <input type="checkbox"/> 301 9:15am <input type="checkbox"/> 311 <input type="checkbox"/> 313 <input type="checkbox"/> 312 <input type="checkbox"/> 314
7:30am <input type="checkbox"/> 010* <input type="checkbox"/> 040* <input type="checkbox"/> 020* <input type="checkbox"/> 050* <input type="checkbox"/> 030*	3:00pm <input type="checkbox"/> 102 5:45pm <input type="checkbox"/> 104	4:15pm <input type="checkbox"/> 171 <input type="checkbox"/> 174 <input type="checkbox"/> 172 <input type="checkbox"/> 175 <input type="checkbox"/> 173	12:00nn <input type="checkbox"/> 220	10:45am <input type="checkbox"/> 321 <input type="checkbox"/> 323 <input type="checkbox"/> 322 <input type="checkbox"/> 324 12:30pm <input type="checkbox"/> 901*
1:15pm <input type="checkbox"/> 101 (pending)	11:30am <input type="checkbox"/> 141 <input type="checkbox"/> 144 <input type="checkbox"/> 142 <input type="checkbox"/> 145 <input type="checkbox"/> 143	1:45pm <input type="checkbox"/> 231 <input type="checkbox"/> 234 <input type="checkbox"/> 232 <input type="checkbox"/> 235 <input type="checkbox"/> 233	4:30pm <input type="checkbox"/> 251 <input type="checkbox"/> 253 <input type="checkbox"/> 252	*Optional; additional fee required (see payment summary)
Save time and register online at: www.annanurse.org				

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 _____

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

ANNA National Symposium
East Holly Avenue Box 56
Pitman, NJ 08071-0056
FAX 856-218-0557