


American Nephrology Nurses Association | REGISTRATION FORM


2023 National Symposium — May 7-10, 2023 — Palm Springs, CA


**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/symp23

 **EMAIL**
credit card payments only
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 indicate if you are: <input type="checkbox"/> Attending National Symposium for the first time
EMAIL (required for confirmation)			
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. <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> MEMBER REGULAR NONMEMBER </div>	
IN-PERSON REGISTRATION OPTIONS	
Preconference Workshop Indicate session choice below: 010 or 020 Received by 3/17 <input type="checkbox"/> \$180 <input type="checkbox"/> \$260 <input type="checkbox"/> \$280 Received 3/18-4/14 <input type="checkbox"/> \$195 <input type="checkbox"/> \$275 <input type="checkbox"/> \$295 Received on/after 4/15 and onsite <input type="checkbox"/> \$205 <input type="checkbox"/> \$285 <input type="checkbox"/> \$305	Preconference Workshop (In person only) \$ _____ National Symposium \$ _____ Combination/Best Deal (In person only) Must be received by 3/17/23 \$ _____ Daily \$ _____ Guest Ticket (\$100) (Dance Party only) \$ _____ TOTAL DUE \$ _____ <input type="checkbox"/> Check enclosed Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Am. Express for the amount of \$ _____ ACCOUNT NUMBER _____ Expiration Date _____ Card Security Code: _____ (3-Digit code back of Visa & Mastercard 4-Digit code front of American Express.) _____ Print Cardholder's Name _____ Signature _____
National Symposium Received by 3/17 <input type="checkbox"/> \$450 <input type="checkbox"/> \$530 <input type="checkbox"/> \$550 Received 3/18-4/14 <input type="checkbox"/> \$500 <input type="checkbox"/> \$580 <input type="checkbox"/> \$600 Received on/after 4/15 and onsite <input type="checkbox"/> \$550 <input type="checkbox"/> \$630 <input type="checkbox"/> \$650	
BEST DEAL! Combination Preconference Workshop & National Symposium Registration must be received by 3/17 Indicate session choice below: 010 or 020 <input type="checkbox"/> \$595 <input type="checkbox"/> \$670 <input type="checkbox"/> \$695	
Daily Registration 1-Day (check day) __Mon __Tues __Wed <input type="checkbox"/> \$225 <input type="checkbox"/> \$305 <input type="checkbox"/> \$325	
Guest Ticket for Dance Party Guest Name: _____ <input type="checkbox"/> \$100	
LIVESTREAM REGISTRATION OPTIONS	
National Symposium Received by 3/17 <input type="checkbox"/> \$450 <input type="checkbox"/> \$530 <input type="checkbox"/> \$550 Received 3/18-4/14 <input type="checkbox"/> \$500 <input type="checkbox"/> \$580 <input type="checkbox"/> \$600 Received on/after 4/15 and onsite <input type="checkbox"/> \$550 <input type="checkbox"/> \$630 <input type="checkbox"/> \$650	
Daily Registration 1-Day (check day) __Mon __Tues __Wed <input type="checkbox"/> \$225 <input type="checkbox"/> \$305 <input type="checkbox"/> \$325	

SESSION CHOICES: (to be completed ONLY if attending in-person meeting in California)				
Sunday (5/7)	Monday (5/8)	Tuesday (5/9)	Wednesday (5/10)	
7:30am <input type="checkbox"/> 010* <input type="checkbox"/> 020* 7:30am <input type="checkbox"/> 030 LEAD (Chapters) <input type="checkbox"/> 040 LEAD (SPNs) 1:00pm <input type="checkbox"/> 101 (pending) 3:00pm <input type="checkbox"/> 102 4:30pm <input type="checkbox"/> 103 5:45pm <input type="checkbox"/> 104 *Optional; additional fee required	6:00am <input type="checkbox"/> 110 Walk 7:15am <input type="checkbox"/> 120 (pending) 10:15am <input type="checkbox"/> 141 <input type="checkbox"/> 144 <input type="checkbox"/> 142 <input type="checkbox"/> 145 <input type="checkbox"/> 143 11:45am <input type="checkbox"/> 151 <input type="checkbox"/> 154 <input type="checkbox"/> 152 <input type="checkbox"/> 155 <input type="checkbox"/> 153	1:00pm <input type="checkbox"/> 160 Box Lunch 1:30pm <input type="checkbox"/> 171 <input type="checkbox"/> 173 <input type="checkbox"/> 172 <input type="checkbox"/> 174 4:15pm <input type="checkbox"/> 181 <input type="checkbox"/> 183 <input type="checkbox"/> 182 <input type="checkbox"/> 184 8:00pm <input type="checkbox"/> 190 Dance Party	7:00am <input type="checkbox"/> 201 (pending) 10:30am <input type="checkbox"/> 211 <input type="checkbox"/> 213 <input type="checkbox"/> 212 <input type="checkbox"/> 214 12:00nn <input type="checkbox"/> 220 Lunch 1:30pm <input type="checkbox"/> 231 <input type="checkbox"/> 233 <input type="checkbox"/> 232 <input type="checkbox"/> 234	7:00am <input type="checkbox"/> 301 8:15am <input type="checkbox"/> 311 9:45am <input type="checkbox"/> 321 11:15am <input type="checkbox"/> 331
Save time and register online at: annanurse.org/symp23				

If any special disability or diet arrangements are needed, please attach a note of explanation.

All in-person pre-registrations must be received with payment by **April 28, 2023**.
In-person registrations received after this date will be processed onsite.