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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNA Group Access Form**  **After this form is submitted and payment has been processed, you will be contacted with instructions on how your members and/or employees can access content and / or NCPD contact hour evaluations purchased.** | | | | | | | | | | | | | | |
| **contact information** | | | | | | | | | | | | | | |
| Contact Person: |  | | | | | | | | | | |  | |
| Facility/ Chapter: |  | | | | | | | | | | |  | |
| Address: |  | | | | | | | | | | |  | |
|  |  | | | | | | | | | | |  | |
| City: |  | | | | | | State: | | | Zip | |  | |
| Phone: |  | | | | | | | | | | |  | |
| Contact Email |  | | | | | | | | | | |  | |
| **Session Selection**  Group access purchase allows users the ability to view the PowerPoint slides, listen and/or download the audio recording, download handouts, and complete the NCPD contact hour evaluation(s).  **Browse sessions available by visiting the ANNA Online Library – annanurse.org/library.**  *Preconferences and ANNA’s Certification Review Course are excluded.*  *Session selection must be 1.75 contact hours or less.* | | | | | | | | | | | | | | |
| **Title of Session:** | | | | | | | | | | | | | | |
| **Captured from which conference (name/year):** | | | | | | | | | | | | | | |
| Minimum of 5 users - $20 per person | | | | | | | | | | | $20 | | | |
| Minimum of 10 users - $15 per person | | | | | | | | | | | $15 | | | |
| **User Licenses** | | | | | | | | **# Needed:** | | |  | | | |
| **Minimum of $100/ 5 users** | | | | | | | | **X $20** | | |  | | | |
| **Minimum of $150/ 10 users** | | | | | | | | **X $15** | | |  | | | |
|  | | | | | | | | **Total:** | | |  | | | |
| **NOTE – Regular sessions are available at $30 for members/ $40 for nonmembers.**  **The above “bulk” pricing offers 30 – 50% off regular pricing.** | | | | | | | | | | | | | | |
| **payment** | | | | | | | | | | | | | | |
| Check Payable to ANNA | | | Discover | | Visa | Master Card | | | American Express | | | | | |
| Credit Card: | |  | | | | Expiration Date: | | |  | | | |  | |
| Security Code: | |  | | | | Amount: | | | $ | | | |  | |
| Signature: | |  | | | | | | | | | | |  | |
| Name of Card Holder: | |  | | | | | | | | | | |  | |
| Credit Card Billing Address: | | | |  | | | | | | | | |  | |
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| Complete and return this form to celess@annanurse.org  Site license will be available approximately 10 business days after payment is processed. | | | | | | | | | | | | | | |