|  |
| --- |
| **ANNA Group Access Form****After this form is submitted and payment has been processed,you will be contacted with instructions on how your membersand/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:  |       |  |
|  |       |  |
| Complete and return this form to celess@annanurse.orgSite license will be available approximately 10 business days after payment is processed. |