

American Academy of Ambulatory Care Nursing | REGISTRATION FORM

43rd Annual Conference • Lake Buena Vista, FL • May 9-12, 2018

3 ways to register



Register online at:
conference.aaacn.org



FAX credit card payment to:
856-218-0557



Mail completed form with payment to:

AAACN Registration
Box 56
Pitman, NJ 08071-0056

Name: _____

Credentials: _____

Employer Name: _____

Preferred Mailing Address: Work Home

City: _____

State: _____ Zip: _____

Daytime Phone work personal

(_____) _____

Email address: _____

(Email address is required so we can send your receipt/confirmation/CE access.)

Including this meeting, how many AAACN conferences have you attended?

1 2 3 4 5+

Disability or dietary needs? Please state: _____

Full 3-day Main Conference Registration (1pm on 5/9 thru 4:30 pm on 5/11)	MEMBER	REGULAR
Early Bird - Postmarked on or before 3/27	<input type="checkbox"/> \$479	<input type="checkbox"/> \$639
Regular/On-Site - Postmarked after 3/27	<input type="checkbox"/> \$539	<input type="checkbox"/> \$699

One or Two Day Registration	MEMBER	REGULAR
One Day Circle (1) Wed Thurs Fri	<input type="checkbox"/> \$219	<input type="checkbox"/> \$289
Two Day Circle (2) Wed Thurs Fri	<input type="checkbox"/> \$439	<input type="checkbox"/> \$579

Pre-Conference Session - Wednesday, May 9 Separate Fees Apply	MEMBER	REGULAR
010 Creating an RN Workforce for Ambulatory Care Settings	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139

Post-Conference Education - Saturday, May 12 Separate Fees Apply	MEMBER	REGULAR
901 Ambulatory Care Nursing Certification Review Course	<input type="checkbox"/> Without Core Book \$209 <input type="checkbox"/> With Core Book \$279	<input type="checkbox"/> \$259 <input type="checkbox"/> \$349

GUEST Badge - Opening Reception Only - Wednesday, May 9	
Guest Name (other than attendee) _____	<input type="checkbox"/> \$35

Evening Forum and Networking - Thursday, May 10 Separate Fees Apply	MEMBER	REGULAR
260 Tri-Service Military Evening Forum and Networking	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85

AAACN Scholarship and Education Fund
Select your donation amount <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> Other Amount \$ _____

Speaker, Poster Presenter, & Certification Registration Discount	
subtract \$100 (Check one)	subtract \$20 (Check one)
<input type="checkbox"/> Primary speaker	<input type="checkbox"/> Ambulatory Certified - Exp. Date _____
<input type="checkbox"/> Primary rapid fire speaker	<input type="checkbox"/> Care Coordination Certified - Exp. Date _____
<input type="checkbox"/> Primary poster presenter	<input type="checkbox"/> Telehealth Certified - Exp. Date _____
Note: Discount is ONLY applicable with a full 3-day main conference registration and at time of initial registration. One certification discount per person.	

CONCURRENT SESSIONS

Please indicate your first two choices with a (1 and 2) in each of the breakout times listed below. Attendees are automatically registered for President's and Keynote Address, General Sessions, Town Hall, and breakfasts.

Wednesday, May 9, 2018		Thursday, May 10, 2018				Friday, May 11, 2018		
Pre-Conference (fee) ___ 010	AAACN 101 6:00 pm ___ 130	10:30 am ___ 211 ___ 212 ___ 213	1:00 pm ___ 231 ___ 232 ___ 233 ___ 234	2:15 pm ___ 241 ___ 242 ___ 243 ___ 244	4:15 pm ___ 251 ___ 252 ___ 253	10:45 am ___ 311 ___ 312 ___ 313 ___ 314	2:15 pm ___ 321 ___ 322 ___ 323 ___ 324	3:30 pm ___ 331 ___ 332 ___ 333 ___ 334
3:35 pm ___ 111 ___ 112 ___ 113 ___ 114	4:45 pm ___ 121 ___ 122 ___ 123 ___ 124	Opening Reception/ Silent Auction 7:00 pm ___ 140	Networking Lunch 11:30 am ___ 220		Tri-Service Forum (fee) 5:45 pm ___ 260	Saturday, May 12, 2018 Post-Conference (fee) ___ 901		

PAYMENT OPTIONS

Check enclosed made payable in U.S. funds to: **AAACN**

Charge my: DISCOVER VISA MasterCard AMERICAN EXPRESS

Name of card holder (please print) _____

Billing address if different from above mailing address _____

Credit Card Number _____ / _____ / _____ / _____

Expiration Date _____ Security Code _____

Signature _____

PAYMENT SUMMARY

Main Conference\$ _____
One Day or Two Day\$ _____
Pre-Conference\$ _____
Post-Conference\$ _____
Guest\$ _____
Tri-Service Event\$ _____
Donate to Scholarship Fund\$ _____
Registration Discount-\$ _____
Total Enclosed\$ _____

Cancellations must be received in writing by April 9, 2018; Mail to AAACN National Office at address above or email aaacn@aaacn.org. For cancellations received by April 9, 2018, we will refund your registration fee, less a \$50 administration fee. No refunds will be made after this date. Membership is non-refundable/non-transferable.