

American Academy of Ambulatory Care Nursing | REGISTRATION FORM

44th Annual Conference • Palm Springs, CA • May 8-11, 2019

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 (12:30 pm on 5/8 thru 4:30 pm on 5/10)	MEMBER	REGULAR
Early Bird - Postmarked on or before 3/26	<input type="checkbox"/> \$499	<input type="checkbox"/> \$659
Regular/On-Site - Postmarked after 3/26	<input type="checkbox"/> \$559	<input type="checkbox"/> \$719

One or Two Day Registration	MEMBER	REGULAR
One Day Circle (1) Wed Thurs Fri	<input type="checkbox"/> \$239	<input type="checkbox"/> \$309
Two Day Circle (2) Wed Thurs Fri	<input type="checkbox"/> \$459	<input type="checkbox"/> \$599

Pre-Conference Session - Wednesday, May 8 Separate Fees Apply	MEMBER	REGULAR
010 Magnet Recognition	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139

Post-Conference Education - Saturday, May 11 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 \$289	<input type="checkbox"/> \$259 <input type="checkbox"/> \$369

GUEST Badge - Opening Reception Only - Wednesday, May 8	
Guest Name (other than attendee) _____	<input type="checkbox"/> \$35

Evening Forum - Thursday, May 9 Separate Fees Apply	MEMBER	REGULAR
260 Tri-Service Military Evening Forum	<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. Must include expiration date.	

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 8, 2019		Thursday, May 9, 2019				Friday, May 10, 2019		
Pre-Conference (fee) 8:00 am ___ 010	AAACN 101 5:30 pm ___ 130	10:30 am ___ 211 ___ 212 ___ 213 ___ 214	1:00 pm ___ 231 ___ 232 ___ 233 ___ 234	2:15 pm ___ 241 ___ 242 ___ 243 ___ 244	4:15 pm ___ 251 ___ 252 ___ 253 ___ 260	10:45 am ___ 311 ___ 312 ___ 313 ___ 314	2:15 pm ___ 321 ___ 322 ___ 323 ___ 324	3:30 pm ___ 331 ___ 332 ___ 333 ___ 334
3:05 pm ___ 111 ___ 112 ___ 113 ___ 114	4:15 pm ___ 121 ___ 122 ___ 123 ___ 124	Opening Reception/ Silent Auction 6:30 pm ___ 140		Networking Lunch 11:30 am ___ 220		Tri-Service Forum (fee) 5:45 pm ___ 260		
						Saturday, May 11, 2019		
						Post-Conference (fee) 8:00 am ___ 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 10, 2019; Mail to AAACN National Office at address above or email aaacn@aaacn.org. For cancellations received by April 10, 2019, 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.



800-262-6877 | aaacn.org | aaacn@aaacn.org

AAACN Membership Application

Name: _____ Credentials: _____

Preferred Mailing Address (check one)

Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____

Work Address

Employer: _____
 Work Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: () _____ Fax #: () _____

Preferred Daytime Phone: Home Work
 E-mail: _____

AAACN **does not** sell or share member e-mail addresses with any outside parties. It is extremely important for us to have your e-mail address to send your dues renewal notice, monthly E-newsletters, and other timely information.

Membership Fee (Please check one)

Dues are not deductible as a charitable organization, but may qualify as a business expense.

Membership Fee is non-refundable and non-transferable.

- Registered Nurse \$130 Affiliate/LPN/LVN \$105
- Registered Nurse \$240 Senior \$70
 Pay 2 years – SAVE \$20 Continous member for 3 years and reached age 62.
- Student \$70
 Course of study for initial licensure ONLY - enclose proof of enrollment.

Check payable in US Funds to AAACN
 Charge my Visa MasterCard AmEx Discover

Card # _____ - _____ - _____ - _____
 3 or 4 digit security code _____

Expiration Date _____ in the amount of \$ _____

Card Holder (print): _____

Credit card billing address: _____

Signature _____

Fax this form to (856) 218-0557 or mail to: AAACN, PO Box 56, Pitman, NJ 08071-0056
 (800) 262-6877 | aaacn@aaacn.org | aaacn.org

Please circle one answer for each question.

- 1. Position**
 Administrator/Director
 Advanced Practice
 Care Coordinator
 Consultant
 Educator
 Manager/Supervisor
 Researcher
 Staff Nurse
 Other _____

- 2. Practice Setting**
 College/Educational Institution
 Community Hospital
 Free Standing Facility
 Hospital-based Outpatient
 Clinic/Center
 Managed Care/HMO/PPO
 Military or VA
 Patient Homes
 Solo/Group medical practice
 Telehealth Call Center
 University Hospital
 Other _____

- 3. Highest Level of Education Completed**
 LPN/LVN
 Diploma—Nursing
 Associate Degree—Nursing
 Associate Degree—Other
 Bachelor's Degree—Nursing
 Bachelor's Degree—Other
 Master's Degree—Nursing
 Master's Degree—Other
 Doctorate Degree, Nursing
 Doctorate Degree, Other

- 4. If you are involved in clinical care, please circle the area that best describes your practice.**
- Ambulatory Surgery
 Behavioral Health
 Family Practice
 General Surgery
 Internal Medicine
 Medical Specialties
 Multispecialty Clinic
 Obstetrics/Gynecology
 Oncology
 Orthopaedics/Rehabilitation
 Pediatrics
 Primary Care
 Surgical Specialties
 Telehealth

- Other
- 5. If you are in an administrative/managerial position, please circle ONE area that best describes your area of responsibility.**
- Ambulatory Surgery
 Community/Public Health
 Employee/Occupational Health
 Hospital-based Emergency Services
 Information Management
 Nurse-Managed Center
 Oncology Clinic
 Patient Education
 Physician Group Office
 Practice/Primary Care
 Rehabilitation Outpatient
 Specialty/Sub-specialty Physician
 Practice
 Staff Education
 Triage
 Urgent/Immediate Care Center
- 6. Are you Certified? (Circle all that apply)**
 Ambulatory Nursing ANCC
 Care Coordination MSNCB
 Telehealth NCC

- 7. Choose membership in as many Special Interest Groups (SIG) as you would like.**
- CCTM
 Leadership
 Patient/Staff Education
 Pediatrics
 Telehealth Nursing Practice
 Tri-Service Military
 Veterans Affairs
- 8. Salary (Confidential)**
 \$24,999 or less
 \$25,000 - \$44,999
 \$45,000 - \$64,999
 \$65,000 - \$84,999
 \$85,000 - \$105,000
 more than \$105,000
- 9. Select the journal you would like to receive as part of your membership benefits.**
 MEDSURG Nursing
 Nursing Economic\$
 Pediatric Nursing

- 10. How did you hear about AAACN?**
 A member
 AAACN Conference
 AAACN Enews
 Another Conference
 Certification organization
 Colleague
 ViewPoint Newsletter
 Web site
- 11. Select how you will receive your ViewPoint newsletter**
 By Email
 By Mail
- 12. What is your birthday month:**

- 13. What is your birthday year:**

- Who referred you to AAACN?**

AAACN occasionally makes available members' addresses to organizations and vendors that provide products and services of value to the ambulatory care nursing community. If you prefer not to be included in these lists, please check the box provided.