American Academy of Ambulatory Care Nursing | REGISTRATION FORM 46th Annual (Virtual) Conference • April 8, 13, 15, 2021





Register online at: conference.aaacn.org



Email credit card payment to: aaacn@aaacn.org



Mail completed form with payment to:

AAACN Registration Box 56 Pitman, N.J 08071-0056

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Name:				
Credentials:				
Employer Name:				
Preferred Mailing Address: □ Work □ Home				
	State:		Zip:	
Daytime Phone: ☐ Work ☐ Personal				
()	Email addre	SS:		
Including this meeting, how many AAACN conferences have you attended? \Box 1 \Box 2 \Box 3 \Box 4 \Box 5+	(Email addres	ss is required so	we can send your receipt/confirmation/CE access.)	
Virtual Conference Schedule			AAACN Scholarship and Education Fund	
April 8, 2021 - 8:00 am - 3:00 pm PT; 9:00 am - 4:00 pm MT; 10:00 am - 5:00 pm CT; April 13, 2021 - 8:00 am - 3:00 pm PT; 9:00 am - 4:00 pm MT; 10:00 am - 5:00 pm C April 15, 2021 - 8:00 am - 3:15 pm PT; 9:00 am - 4:15 pm MT; 10:00 am - 5:15 pm C 25 Contact Hour Package	T; 11:00 am -	6:00 pm ET	Select your donation amount \$5 \$10	
Early Bird - Postmarked on or before 3/18	□ \$459	□ \$619	□ \$25 	
Regular - Postmarked after 3/18	□ \$499	□ \$659	☐ Other Amount \$	
17 or 10 Contact Hour Package	MEMBER	REGULAR		
17 Contact Hour Package	□ \$369	□ \$499		
10 Contact Hour Package	□ \$219	□ \$299	Certification Registration Discount	
Student Rate: Access to conference only, no contact hours Available to AAACN Student Members only.	□ \$99	N/A	subtract \$20 (Check one)	
Military Rate: 25 Contact Hour Package	□ \$459	□ \$459	Discount is ONLY applicable with a Full Access Registration and at time of initial registration.	
Group Rate: For more information contact the National Office at aaacn@aaacn.org			One certification discount per person. Must include	
D. 0 () 7 1 1 10 100			expiration date.	
Pre-Conference Session - Tuesday, April 6, 2021 Separate Fees Apply	MEMBER	REGULAR	☐ Ambulatory Care Certified - Exp. Date	
The Value of the Ambulatory Care Nurse: Strategies to Quantify Nurses' Impact in the Clinical Setting 9:00 am - 12:00 pm PT; 10:00 am - 1:00 pm MT; 12:00 pm - 3:00 pm CT; 1:00 pm - 4:00 pm ET	□ \$119	□ \$149	☐ Care Coordination Certified - Exp. Date	
PAYMENT OPTIONS			PAYMENT SUMMARY	

PAYMENT OPTIONS						
Check enclosed made payable in U.S. funds to: AAACN	Charge my:	VISA		AMERICAN DOCATES		
Name of card holder (p	olease print)					
Billing address if differ	rent from above mailing	address				
Credit Card Number		/	/			
Credit Card Number Expiration Date						

PAYMENT SUMMARY	
25 Contact Hour Package	
17 or 10 Contact Hour Package	
Pre-Conference	
Donate to Scholarship Fund\$	
Certification Discount	
Total Enclosed\$	