Name	ne Credentials							
Employer/Organization								
Preferred Mailing Address □ home □ work								
Dity Sta	ite	Zip/Postal Cod	e					
Daytime Telephone □ home □ work □ cell								
zayume relephone - home - work - cen								
Required email address	our receipt/confirmation, confe	erence undates ar	nd to log in for cont	act hours	2			
Including this conference, how many AA						5+		
Disability or dietary needs? Please state:								
		SPECIAL NEW MEMBER OFFER Fee will include a 1-year AAACN Membership. See page 12 for details & restrictions.						
		MEMBER	NEW MEMBER	REG	ULAR			
Full 3-day Main Conference Fees (1pm on 5	/10 thru 3:30 pm on 5/12)					AMOUN		
Early Bird - Postmarked on or before 3/29		□ \$479	□ \$609		\$639	\$		
Regular/On-Site - Postmarked after 3/29	□ \$539	□ \$669		\$699	\$			
One or Two Day Registration					AMOUN			
One Day Circle (1) Wed Thurs Fri		□ \$219	□ \$349		\$289	\$		
Two Day Circle (1) Wed Thurs Fri	□ \$439	□ \$569		\$579	\$			
Evening Forum and Networking - Separate					AMOUN			
<b>250</b> Tri-Service Military Evening Forum and N	□ \$75	□ \$75		\$75	\$			
Post-Conference Education - Saturday, May	13 - Separate Fees Apply					AMOUN		
July Allibulatory Gare Nursing	Without Core Book	□ \$209	_		\$259	\$		
Certification Review Course	With Core Book	□ \$279	_		\$349	\$		
Guest - Opening Reception (other than attendee	,			\$				
Donate to the AAACN Scholarship and Educa	ation Fund   \$5	□ \$10 □ 0	Other Amount \$_			\$		
(Check one) □ Primary speaker □ Primary rapid fire speaker	☐ Primary in-brie ☐ Primary poster	•		subtra	ct \$100	-\$		
(Check one) Ambulatory Certified - Exp		Coordination	Certified - Exp.	_				
☐ <b>Telehealth Certified -</b> Exp. <b>Note:</b> Discount is ONLY applicable with a full		rogiotration		subtr	act \$20	-\$		
•••		Tegisti attori.		OTAL A	MOUNT	•		
Make checks payable in U.S. funds to: <b>AAACN</b>				UIAL A	MOUNT	\$		
<b>Charge my:</b> □ <b>Visa</b> □ <b>Mastercard</b> □ <b>Amer</b> Credit Card Number	ican Express U Discove	er			Subn	nit Payment t AAACN		
Name of Card Holder (places print)								
Credit card billing addressFax								
						ww.aaacn.org ns: 800-262-6		
Signature Exp. Date Security Code*								
Cancellations must be received in writing: mail to A			-	-		ID# 51-023113		
2017, we will refund your registration fee, less a \$50								

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, networking lunch, and breakfasts.

Wednesday, May 10, 2017			Thursday, May 11, 2017			Friday, May 12, 2017		
3:30 pm	4:45 pm	6:00 pm 130	10:30 am	1:00 pm	4:00 pm	10:45 am	2:15 pm	
111	121	AAACN 101	211	231	241	311	321	
112	122		212	232	242	312	322	
113	123	7:00 pm 140	213	233	243	313	323	
114	124	Silent Auction/ Opening Reception		234		314	324	
		оренну песерион						