

American Academy of Ambulatory Care Nursing | **REGISTRATION FORM**

45th Annual (Virtual) Conference • Summer 2020

3 ways to register



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, NJ 08071-0056

Name: _____

Credentials: _____

Employer Name: _____

Preferred Mailing Address: Work Home

City: _____ State: _____ Zip: _____

Daytime Phone: Work Personal

(_____) _____ Email address: _____

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

1 2 3 4 5+

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

Virtual Conference Pricing		
August 4, 2020 - 9:00am - 2:00pm PDT and MST; 11:00am - 4:00pm CT; 12:00pm - 5:00pm EDT		
August 11, 2020 - 9:00am - 3:00pm PDT and MST; 11:00am - 5:00pm CT; 12:00pm - 6:00pm EDT		
August 18, 2020 - 9:00am - 3:00pm PDT and MST; 11:00am - 5:00pm CT; 12:00pm - 6:00pm EDT		
	MEMBER	REGULAR
Full Access Registration (25 contact hours)	<input type="checkbox"/> \$499	<input type="checkbox"/> \$659
Standard Access Registration (17 contact hours)	<input type="checkbox"/> \$369	<input type="checkbox"/> \$509
Partial Access Registration (10 contact hours)	<input type="checkbox"/> \$219	<input type="checkbox"/> \$289

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 \$ _____

Pre-Conference Session - Tuesday, July 28, 2020 Separate Fees Apply	MEMBER	REGULAR
010 Maximizing the Role of the RN in Virtual Practice 8:00am - 11:15am PDT and MST; 10:00am - 1:15pm CT; 11:00am - 2:15pm EDT	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139
020 Be Heard! Building and Using Your Voice in Health Care Policy 12:00pm - 3:00pm PDT and MST; 2:00pm - 5:00pm CT; 3:00pm - 6:00pm EDT	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139

Certification Registration Discount
subtract \$20 (Check one)
Discount is ONLY applicable with a Full Access Registration and at time of initial registration.
One certification discount per person. Must include expiration date.
<input type="checkbox"/> Ambulatory Care Certified - Exp. Date _____
<input type="checkbox"/> Care Coordination Certified - Exp. Date _____
<input type="checkbox"/> Telehealth Certified - Exp. Date _____

PAYMENT OPTIONS
Check enclosed made payable in U.S. funds to: AAACN
Charge my: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of card holder (please print) _____
Billing address if different from above mailing address _____
Credit Card Number _____ / _____ / _____ / _____
Expiration Date _____ Security Code _____
Signature _____

PAYMENT SUMMARY	
Full Access	\$ _____
Standard Access or Partial Access	\$ _____
Pre-Conference	\$ _____
Donate to Scholarship Fund	\$ _____
Certification Discount	-\$ _____
Total Enclosed	\$ _____

All cancellations must be made in writing to aaacn@aaacn.org. For cancellations received after July 15, 2020, we will refund your full registration fee minus a \$50 administrative fee. No refunds will be made after July 29, 2020.