

National Association of Clinical Nurse Specialists 2017 Annual Conference Registration Form
CONTACT INFORMATION **REGISTRATION FEES**

NAME _____

FIRST NAME FOR BADGE _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

EMPLOYER _____

POSITION _____

EMAIL ADDRESS** _____

***Required for registration confirmation*

My mailing and e-mail addresses and position can be listed on the conference participant list.

Yes No

SCHEDULE SELECTION

Please indicate which Concurrent Sessions you are planning to attend by checking one checkbox for each session series. You may change your selection at any time without notifying the conference office:

Thursday, March 9:

- Student Breakfast w/ NACNS President – 7:30 – 8:30 am

- New Member Orientation Luncheon – 12:30 – 1:30 pm

Session A 1 2 3 4 5 6 7

Session B 1 2 3 4 5 6 7 8

Session C 1 2 3 4 5 6 7 8

Friday, March 10:

Session 1 2 3 4 5 6

D

Session E 1 2 3 4 5 6 7 8

Session F 1 2 3 4 5 6 7 8

Saturday, March 11:

Session G 1 2 3 4 5 6 7 8

FULL CONFERENCE (THURS – SAT)

NACNS MEMBER:

Onsite \$600.00

NACNS STUDENT MEMBER:

Onsite \$500.00

NON-MEMBER:

Onsite \$800.00

JOIN NACNS & REGISTER:

Full Member-

Onsite \$740.00

Student Member-

Onsite \$600.00

SINGLE DAY

NACNS MEMBER:

Onsite \$400.00

STUDENT

Onsite \$325.00

NON-MEMBER:

Onsite \$475.00

PLEASE INDICATE WHICH SINGLE DAY:

Thursday Friday Saturday

Pharmacology Pre-Conf. Workshop – Wed. March 8

Morning Session – 8:00 am – 11:30 am

Member \$250.00

Non-Member \$300.00

Afternoon Session – 1:00 pm – 4:30 pm

Member \$250.00

Non-Member \$300.00

All Day Workshop – 8:00 am – 4:30 pm

Member \$475.00

Non-Member \$575.00

GRAND TOTAL: \$ _____

Please indicate method of payment:

Check (payable to NACNS)

Credit Card (Visa,MC,AmEx)

Card No. _____ Exp. _____

Card Holder Name _____

Card Holder Signature _____

NACNS TAX-ID: 33-0671730