

# National Association of Clinical Nurse Specialists • 2018 Annual Conference Registration Form

## CONTACT INFORMATION

NAME \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

First Name for Badge \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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:

### Wednesday, February 28:

Session A  1  2  3  4  
 Session B  1  2  3  4

### Thursday, March 1:

Student Breakfast with NACNS President – 7:30 am – 8:30 am  
 New Member Orientation Luncheon – 12:30 pm – 1:30 pm  
 Affiliate Networking Luncheon – 12:30 pm – 1:30 pm

Session C  1  2  3  4  5  6  7  8  
 Session D  1  2  3  4  5  6  7  8  
 Session E  1  2  3  4  5  6  7  8

### Friday, March 2:

Session F  1  2  3  4  5  6  7  8  
 Session G  1  2  3  4  5  6  7  8  
 Session H  1  2  3  4  5  6  7  8

### Saturday, March 3:

Affiliate Breakfast with NACNS Leadership 7:30 am – 8:30 am

Session J  1  2  3  4  5  6  7  8

Please indicate method of payment:

Check (payable to NACNS)

NACNS TAX-ID: 33-0671730

Registration via Credit Card is available online at [www.nacns.org](http://www.nacns.org)

Refund/Cancellation Policy: Requests must be submitted via email to [info@nacns.org](mailto:info@nacns.org). A \$75 administrative fee will be deducted from the refund. NACNS reserves the right to cancel this program and return all fees in the event of insufficient enrollment. In the case of cancellation, NACNS cannot be responsible for other registrant expenses, including but not limited to, reimbursement of airline or other transportation fares, hotel or rental charges, deposits, or penalties. **NO REFUND REQUESTS will be accepted after February 24, 2017.**

Mail to: NACNS

100 North 20th Street, Suite 400  
 Philadelphia, PA 19103

Fax to: 215-564-2175

Email to: [info@nacns.org](mailto:info@nacns.org)

## REGISTRATION FEES

Registration fees include CE credits, three breakfasts, one lunch and one evening reception.

### FULL CONFERENCE (Wednesday – Saturday)

#### NACNS Member:

Early-Bird (received by 1/17/18) \$540.00  
 Regular (received by 2/9/18) \$630.00  
 Onsite \$720.00

#### Student Member:

Early Bird/Regular/Onsite \$486.00

#### Non-Member:

Early Bird/Regular (received by 2/9/18) \$870.00  
 Onsite \$960.00

### JOIN or RENEW NACNS MEMEBERSHIP & REGISTER:

#### NACNS Member:

Early-Bird (received by 1/17/18) \$680.00  
 Regular (received by 2/9/18) \$770.00  
 Onsite \$860.00

#### Student Member:

Early-Bird/Regular/Onsite \$595.00

### HALF CONFERENCE

#### NACNS Member:

Regular (received by 2/9/18) \$395.00  
 Onsite \$440.00

#### Student Member:

Early-Bird/Regular/Onsite \$328.00

#### Non-Member:

Regular (received by 2/9/18) \$570.00  
 Onsite \$600.00

### PLEASE INDICATE WHICH DAYS:

Wednesday/Thursday  Friday/Saturday

### ONE DAY CONFERENCE REGISTRATION

#### NACNS Member:

Regular (received by 2/9/18) \$220.00  
 Onsite \$275.00

#### Student Member:

Early-Bird/Regular/Onsite \$220.00

#### Non-Member:

Regular (received by 2/9/18) \$400.00  
 Onsite \$430.00

### PLEASE INDICATE WHICH SINGLE DAY:

Thursday  Friday

### CNS Institute Luncheon

Friday, March 2, 2018 12:30pm - 1:30pm \$45.00

### PHARMACOLOGY PRECONFERENCE WORKSHOPS

Wednesday February 28th

PW1 - 7:30 am – 9:00 am

Member \$110.00  
 Non-Member \$150.00

PW2 - 9:15 am – 10:45 am

Member \$110.00  
 Non-Member \$150.00

PW3 – 11:00 am – 12:30 pm

Member \$110.00  
 Non-Member \$150.00

PW4 – 6:30 pm – 8:00 pm

Member \$110.00  
 Non-Member \$150.00

Three Morning Workshops 7:30 am – 12:00 pm

Member \$300.00  
 Non-Member \$420.00

### GRAND TOTAL:

\$ \_\_\_\_\_