



NASN2026: June 29 - July 2, 2026 in Las Vegas, Nevada (Precon Day: June 28th)
<https://www.nasn.org/nasn2026>

REGISTRATION RATE CUTOFF DATES: Early: Prior to May 1st | Regular: After May 1st

CANCELLATION DEADLINE FOR ALL OPTIONS: June 9th (Review the Terms and Conditions of Attendance and Participation for the Cancellation Policy)

Full Name: _____

Mailing Address: _____

City, State (Province), Zip: _____

Daytime Telephone: _____

Preferred Email: _____ NASN ID: _____

Reasonable Accommodations: Requests for accessibility accommodations should be emailed to the conference team at conference@nasn.org. NASN strives to make reasonable accommodations for all attendees submitting a request.

PRECON OPTIONAL: June 28: FULL DAY

	Member / Non-Member	
9 AM - 4:30 PM: Spanish Today for School Nurses (6.0 Contact Hours)	\$199 / \$225	\$ _____
9 AM - 4:30 PM: Professional Legal Nurse Consultant Certification (No Contact Hours) <i>Certificate handed out at completion of program</i>	\$199 / \$225	\$ _____
8 AM - 5:30 PM: NCSN Certification Review (6.5 Contact Hours)	\$199 / \$225	\$ _____

NASN2026: June 29 - July 2: 20.0 Contact Hours

	Early / Regular	
Active or Associate NASN Member Type--choose one of these fees	\$610 / \$675	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$415 / \$480	\$ _____
Non-member--choose one of these fees	\$735 / \$800	\$ _____

OTHER REGISTRATION ITEMS

Donation to the NASN President's Endowment Challenge \$ _____

TOTAL AMOUNT TO PAY HERE \$ _____

If the total calculated on the registration form is incorrect, NASN is authorized to charge the correct amount.

REGISTRATION QUESTIONS - Responses to the Following Questions are Required

- Are you a State Data Coordinator? If yes, NASN will register you for the coordinator meeting. YES NO
- Have you been chosen to attend the NASN Leadership Summit by your NASN Affiliate association or NASN special interest group? If you were chosen to attend, please check yes. YES NO
- Select one indicating your nursing license status. APRN RN LPN/LVN Other N/A
- Terms and Conditions of Attendance and Participation: Please acknowledge that you have read and agreed to these terms before you continue: <https://www.nasn.org/nasn2026/terms> _____ (Place your initials here)
- Exhibitors & Sponsors: The supporters would love to share exclusive information with you. Do you agree to share your name, address, phone and email? YES NO

PAYMENT - Prepayment in U.S. Funds is Required

PAY BY CHECK

Make checks payable to NASN2026 and mail directly to:

NASN2026
 1100 Wayne Avenue Suite 925
 Silver Spring, MD 20910

PAY BY CREDIT CARD

Payment by credit card is acceptable but should be made in our secure online form or by calling the NASN office at 866-627-6767. Card numbers should NOT be included on forms that are emailed or faxed.

PAY BY PURCHASE ORDER

If paying with a Purchase Order, include this form and your purchase order. Mail or email to conference@nasn.org
Have a group of 10 or more? A 10% discount may apply.

FMI: Contact the conference team at conference@nasn.org