

Virtual NASN2020 Registration Form

National Association of School Nurses Annual Conference

June 30 – July 3, 2020 (Virtual Platform Orientation: June 29, 2020)

Please print clearly or register online <https://my.nasn.org/events/upcoming-events>

Full Name: _____

Address: _____

City, State (Province), Zip: _____

Daytime Telephone: _____ Mobile Telephone: _____

Preferred email: _____ NASN ID: _____

Please select one option

Option 1: Virtual NASN2020

_____ \$275.00 NASN member
_____ \$320.00 non NASN member

Option 2: Virtual NASN2020 Plus

_____ \$350.00 NASN member
_____ \$395.00 non NASN member

Make a donation to the President's Endowment Challenge

The President's Endowment Challenge: Double Down for Data is inspired by the "year of the 2." This fund is launched in 2020. In 2020, we celebrate the 200th birthday of Florence Nightingale and an NASN president serves a 2-year term.

_____ \$2.00
_____ \$20.00
_____ \$200.00
_____ Custom amount

Please respond to these questions

1. Is this your first NASN Annual Conference? YES _____ NO _____

2. Select one of the options indicating your nursing license status.
_____ RN _____ NP _____ LPN/LVN _____ Other _____ N/A

3. If you are not a nurse, please indicate the career field that best describes your profession.
_____ Social Worker _____ School Psychologist _____ School Principal _____ Occupational Therapist
_____ Teacher _____ Physical Therapist _____ School Administrator _____ Other
_____ Behavioral Health Specialist

4. *Reasonable Accommodations*: Requests for accessibility accommodations can be listed here or in an email to NASN at nasn@nasn.org. NASN strives to make reasonable accommodations for all attendees submitting a request.

5. *Delegation or Affiliate List*: A list of NASN members attending the conference is shared with NASN affiliate leaders. The list is for limited use related to the event. The list includes name, membership classification, employer, and preferred email address. Do you agree to be included in the delegation list? YES _____ NO _____

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6. *Vendor List:* A list of paid attendees is shared with vendors for limited use related to the event. The list includes name, employer, primary mailing address, and preferred email address.

Do you agree to be included in the vendor list?

YES _____ NO _____

7. *Terms and Conditions of Attendance and Participation:* When registering for Virtual NASN2020, you must agree to the terms and conditions, which form a binding legal contract between the NASN and the registered attendee or participant. View the terms online at <https://www.nasn.org/nasn2020/attendees/terms> or request a copy by contacting the NASN conference team at conference@nasn.org.

Check this box to agree to the terms and conditions.

PAYMENT – Prepayment in U.S. funds is required.

Please make checks or money orders payable to Virtual NASN2020.

If paying with a Purchase Order, please submit this form with the Purchase Order.

Mail to: Virtual NASN2020, 1100 Wayne Avenue, Suite 925, Silver Spring, MD 20910

Email: membership@nasn.org

Fax: 1-301-585-1791

Credit Card (select one): AMEX _____ MasterCard _____ Visa _____ Discover _____

Credit Card Number: _____ Security Code Number: _____ Exp. Date: _____

Name on Card (Please Print): _____

Authorized Signature: _____

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

Cancellation Policy: A refund less a cancellation fee of \$75 will be provided if the cancellation or request for a refund is received by NASN 30 days prior to the event start date. All cancellations and requests for refunds MUST be submitted in writing. Send emails to conference@nasn.org and letters to: NASN, Attention: Annual Conference Team, 1100 Wayne Avenue Suite 925, Silver Spring, Maryland, 20910.