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 _____
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](https://www.nasn.org/nasn2020/attendees/terms) or request a copy by contacting the NASN conference team at [conference@nasn.org](mailto:conference@nasn.org).

 Check this box to agree to the terms and conditions.  

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**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: ___________________________

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*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](mailto:conference@nasn.org) and letters to: NASN, Attention: Annual Conference Team, 1100 Wayne Avenue Suite 925, Silver Spring, Maryland, 20910.