

NASN 2023



Building for the Future:
Health, Advocacy
& Leadership



June 30 – July 3, 2023 | Orlando, Florida July 10 – 12, 2023 | Virtual

3 REGISTRATION OPTIONS

1. IN-PERSON NASN2023: June 30 – July 3, 2023 in Orlando, Florida
2. VIRTUAL NASN2023: July 10 – 12, 2023 (Online)
3. NASN2023 BUNDLE: Includes options #1 & #2

REGISTRATION RATE CUTOFF DATES

Early: Prior to May 15th [May 1st date extended.]

Regular: After May 15th

REGISTRATION DEADLINES

In-Person and Bundle: June 29th | Virtual: July 12th

CANCELLATION DEADLINE FOR ALL OPTIONS: June 12th

Full Name: _____

Preferred Mailing Address: _____

City, State (Province), Zip: _____

Daytime Telephone: _____ Mobile Telephone: _____

Preferred email: _____ NASN ID: _____

OPTION #1: IN-PERSON NASN2023: June 30-July 3: 20.0 NCPD Contact Hours

	Early / Regular	
Active or Associate NASN Member Type--choose one of these fees	\$480 / \$545	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$350 / \$415	\$ _____
Non-member--choose one of these fees	\$580 / \$645	\$ _____

OPTION #2: VIRTUAL NASN2023: July 10-July 12: 20.0 NCPD Contact Hours

	Early / Regular	
Active or Associate NASN Member Type--choose one of these fees	\$320 / \$385	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$270 / \$335	\$ _____
Non-member--choose one of these fees	\$420 / \$485	\$ _____

OPTION #3: NASN2023 BUNDLE (both IN-PERSON & VIRTUAL): 37.0 NCPD Contact Hours

	Early / Regular	
Active or Associate NASN Member Type--choose one of these fees	\$625 / \$690	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$495 / \$560	\$ _____
Non-member--choose one of these fees	\$725 / \$790	\$ _____

OTHER REGISTRATION ITEMS

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 Leadership Academy by your NASN Affiliate (State) association or NASN special interest group? If you were chosen to attend, please check yes. YES NO

Donation to the President's Endowment Challenge – Transform Student Health Equity \$ _____

TOTAL AMOUNT TO PAY HERE \$ _____

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

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.

REGISTRATION QUESTIONS: RESPONSES TO THE FOLLOWING QUESTIONS ARE REQUIRED

Select one of the options indicating your nursing license status.

RN NP DNP LPN/LVN Other N/A

If you are not a nurse, please indicate the career field that best describes your profession.

Social Worker School Psychologist School Principal Occupational Therapist
Educator Physical Therapist School Administrator Other
Behavioral Health Specialist Not Applicable

Delegation or Affiliate List: We would love to let your state school nurse organization (NASN Affiliate) and NASN special interest group leaders know you are attending so that they can let you know about any activities they are planning. We will share your name, membership classification, employer name, and preferred email address. Do you agree to share this information? YES NO

Registration List: Our supportive exhibitors and sponsors would love to know you are attending so that they can share exclusive information for school nurses attending the conference. We will share your name, employer name, primary mailing address, and preferred email address. Do you agree to share this information? YES NO

Health and Safety Protocols: To register or participate in-person, please acknowledge that you have read and agreed to these protocols before you continue <https://www.nasn.org/nasn2023/attendees/health-safety-protocols> _____ (Place your initials here)
_____ (Enter N/A if attending Virtual NASN2023 only)

Terms and Conditions of Attendance and Participation: We want you to know exactly how our event works and what you need to know to attend the conference. Please acknowledge that you have read and agreed to these terms before you continue <https://www.nasn.org/nasn2023/terms> _____ (Place your initials here)

Are you interested in Tweeting your NASN2023 conference experience? YES NO

PAYMENT

Have a group of 10 or more? A 10% discount may apply. FMI: Contact Christopher Cephas at ccephas@nasn.org.

Prepayment in U.S. funds is required.

Please make checks or money orders payable to NASN2023.

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

Mail to: NASN2023, 1100 Wayne Avenue, Suite 925, Silver Spring, MD 20910

Email: conference@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: _____

Review the Terms and Conditions of Attendance and Participation for the Cancellation Policy.