# NASN2022 Registration Form

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| **3 REGISTRATION OPTIONS:**1. IN-PERSON NASN2022: June 28 – 30, 2022 in Atlanta, Georgia (Preconference on June 27th)
2. VIRTUAL NASN2022: July 11 – 13, 2022 (Online)
3. NASN2022 BUNDLE: Includes options #1 & #2

***Important: No onsite registration in Atlanta, Georgia.*** | **IMPORTANT DATES AND DEADLINES:**• REGISTRATION RATE CUTOFF DATES *Early: Prior to May 2nd | Regular: After May 2nd* • REGISTRATION DEADLINES *In-person & Bundle: June 6th | Virtual: July 13th* • CANCELLATION DEADLINES *In-person & Bundle: June 6th | Virtual: June 27th*  |

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State (Province), Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NASN ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

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| **OPTION #1: IN-PERSON NASN2022***To register or participate in-person, you must acknowledge that you have read and that you agree to the “*[*Health and Safety Protocols*](https://www.nasn.org/nasn2022/health-safety)*” before choosing this registration option: \_\_\_\_\_ (Place your initials here.)*June 28 – June 30: 14.75 NCPD CNE Early / Regular Active or Associate NASN Member Type $420 / $485 $\_\_\_\_\_\_\_\_\_\_ Student or Retired NASN Member Type $290 / $355 $\_\_\_\_\_\_\_\_\_\_ Non-member $520 / $585 $\_\_\_\_\_\_\_\_\_\_ In-person Add-onsPrinted Syllabus IncludedNASN Night In [*a night of celebration*] IncludedPrecon June 27th: 6.0 NCPD CNE: Focus on the Framework: Leadership: $195 $\_\_\_\_\_\_\_\_\_\_Breakfast of Presidents [*an event for NASN Affiliate Presidents*] $60 $\_\_\_\_\_\_\_\_\_\_ |
| **OPTION #2: VIRTUAL NASN2022** July 11 – July 13: 17.5 NCPD CNE Early / Regular Active or Associate NASN Member Type $280 / $345 $\_\_\_\_\_\_\_\_\_\_ Student or Retired NASN Member Type $230 / $295 $\_\_\_\_\_\_\_\_\_\_ Non-member $380 / $445 $\_\_\_\_\_\_\_\_\_\_ |
| **OPTION #3: NASN2022 BUNDLE (Includes both IN-PERSON & VIRTUAL)***To register or participate in-person, you must acknowledge that you have read and that you agree to the “*[*Health and Safety Protocols*](https://www.nasn.org/nasn2022/health-safety)*” before choosing this registration option: \_\_\_\_\_ (Place your initials here.)*Event dates and # of NCPD CNE listed above Early / Regular Active or Associate NASN Member Type $625 / $690 $\_\_\_\_\_\_\_\_\_\_ Student or Retired NASN Member Type $495 / $560 $\_\_\_\_\_\_\_\_\_\_ Non-member $725 / $790 $\_\_\_\_\_\_\_\_\_\_ In-person Add-onsPrinted Syllabus IncludedNASN Night In [*a night of celebration*] IncludedPrecon June 27th: 6.0 NCPD CNE: Focus on the Framework: Leadership $195 $\_\_\_\_\_\_\_\_\_\_Breakfast of Presidents [*an event for NASN Affiliate Presidents*] $60 $\_\_\_\_\_\_\_\_\_\_ |

**Add-ons**

President’s Endowment Challenge *– Transform Student Health Equity*

*Choose a suggested amount or write in your own amount: $1 | $10 | $100*  $\_\_\_\_\_\_\_\_\_\_ NASN2022 Conference Lapel Pin $10 $\_\_\_\_\_\_\_\_\_\_

 **TOTAL**  $\_\_\_\_\_\_\_\_\_\_

*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.

**RESPONSES TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR REGISTRATION**

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\_\_\_\_\_

*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/nasn2022/terms> \_\_\_\_\_\_\_\_\_ (Place your initial here.)

Are you interested in Tweeting your conference experience? YES\_\_\_\_\_ NO\_\_\_\_\_

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| **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 NASN2022. If paying with a Purchase Order, please submit this form with the Purchase Order. Mail to: NASN2022, 1100 Wayne Avenue, Suite 925, Silver Spring, MD 20910Email: membership@nasn.org Fax: 1-301-585-1791Credit 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.* |