

**3 REGISTRATION OPTIONS**

1. IN-PERSON NASN2025: June 26 – 29, 2025  
in Austin, Texas (Precon Day: June 25, 2025)
2. VIRTUAL NASN2025: July 7 – 9, 2025 (Online)
3. NASN2025 BUNDLE: Includes options #1 & #2

**REGISTRATION RATE CUTOFF DATES**

Early: Prior to May 1<sup>st</sup> | Regular: After May 1<sup>st</sup>

**REGISTRATION DEADLINES**

In-Person and Bundle: June 26<sup>th</sup>

Virtual: July 9<sup>th</sup>

**CANCELLATION DEADLINE FOR ALL OPTIONS:** June 9<sup>th</sup>

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

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

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

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

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

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

**PRECON OPTIONS: June 25: FULL DAY**
Member / Non-Member

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

**CONF. OPTION #1: IN-PERSON NASN2025: June 26 - June 29: 20.0 NCPD Contact Hours**
Early / Regular

Active or Associate NASN Member Type--choose one of these fees	\$510 / \$575	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$380 / \$445	\$ _____
Non-member--choose one of these fees	\$635 / \$700	\$ _____

**CONF. OPTION #2: VIRTUAL NASN2025: July 7 - July 9: 20.0 NCPD Contact Hours**
Early / Regular

Active or Associate NASN Member Type--choose one of these fees	\$335 / \$400	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$285 / \$350	\$ _____
Non-member--choose one of these fees	\$460 / \$525	\$ _____

**CONF. OPTION #3: NASN2025 BUNDLE (IN-PERSON & VIRTUAL): 37.0 NCPD Contact Hours**
Early / Regular

Active or Associate NASN Member Type--choose one of these fees	\$640 / \$705	\$ _____
Student or Retired NASN Member Type--choose one of these fees	\$510 / \$575	\$ _____
Non-member--choose one of these fees	\$765 / \$830	\$ _____

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

Donation to *Advocating for Equity*: 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

Select one indicating your nursing license status. RN NP DNP LPN/LVN APRN 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 Teacher  
Physical Therapist School Administrator Behavioral Health Specialist Other

*Braindate Ambassador:* Are you interested in being a Braindate Ambassador (In-Person NASN2025 Attendees only)? Ambassadors are conference attendees who volunteer to lead peer-sharing conversations.

Select YES to be sent more information in May. YES NO

*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, 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, preferred telephone, 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/nasn2025/attendees/health-safety-protocols>

\_\_\_\_\_ (Place your initials here)

*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/nasn2025/terms> \_\_\_\_\_ (Place your initials here)

## PAYMENT

*Have a group of 10 or more? A 10% discount may apply. FMI: Contact Christopher Cephas at [ccephas@nasn.org](mailto:ccephas@nasn.org)  
Prepayment in U.S. funds is required.*

### PAY BY CHECK

Make checks payable to  
NASN2025 and mail directly to:  
NASN2025  
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](mailto:conference@nasn.org)

<https://www.nasn.org/nasn2025/>

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