

# Academy of Medical-Surgical Nurses Virtual Convention Registration Form

## September 29 – October 3, 2021

**3 ways to register**



Register online at:  
[convention.amsn.org](http://convention.amsn.org)



FAX credit card  
payment to:  
856-218-0557



Mail completed form  
with payment to:

AMSN Registration  
Box 56  
Pitman, NJ 08071-0056

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Preferred Mailing Address:  Work  Home

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone  Work  Home  Cell

(\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

(E-mail address is required so we can send your receipt/confirmation/CE access.)

To join AMSN today and pay member fees for this registration, please complete the membership form.

Membership must be valid through October 31, 2021, to qualify for member rates. Current members may renew their AMSN membership with their convention registration. Membership will commence upon current renewal date (AMSN Membership - \$85 annually).

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|--|--|--|
| <p><b>1. Including this meeting, how many AMSN conventions have you attended?</b></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+</p>   | <p><input type="checkbox"/> Inpatient Critical Care</p> <p><input type="checkbox"/> Inpatient Long-Term Care</p> <p><input type="checkbox"/> Ambulatory Services</p> <p><input type="checkbox"/> School of Nursing</p> <p><input type="checkbox"/> Other</p>   | <p><input type="checkbox"/> Other</p> <p><b>5. Are you med-surg certified?</b></p> <p><input type="checkbox"/> Yes CMSRN</p> <p><input type="checkbox"/> Yes BC</p> <p><input type="checkbox"/> No</p> |
| <p><b>2. Years as med-surg nurse</b></p> <p><input type="checkbox"/> Less than 2</p> <p><input type="checkbox"/> 2-5</p> <p><input type="checkbox"/> 6-10</p> <p><input type="checkbox"/> 11-15</p> <p><input type="checkbox"/> 16-20</p> <p><input type="checkbox"/> 21-25</p> <p><input type="checkbox"/> 26 or more</p> | <p><b>4. Position</b></p> <p><input type="checkbox"/> Clinical Nurse</p> <p><input type="checkbox"/> Clinical Nurse Specialist</p> <p><input type="checkbox"/> Nurse Practitioner</p> <p><input type="checkbox"/> Educator/Faculty</p> <p><input type="checkbox"/> Researcher</p> <p><input type="checkbox"/> Unit Manager/Head Nurse</p> <p><input type="checkbox"/> Administrator/Director</p> <p><input type="checkbox"/> Student</p> | <p><b>6. What is your birth month and year?</b></p> <p>___ / ___ - ___</p>   |
| <p><b>3. Primary practice</b></p> <p><input type="checkbox"/> Inpatient Acute</p>  |  |  |

Main Convention Registration Packages	MEMBER	NON-MEMBER
<b>Convention Complete (50 CH)</b>		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$549	<input type="checkbox"/> \$649
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
Onsite, 9/1 and after	<input type="checkbox"/> \$625	<input type="checkbox"/> \$725
<b>Convention Select (30 CH)</b>		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Onsite, 9/1 and after	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
<b>Convention Basic (20 CH)</b>		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
Onsite, 9/1 and after	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
<b>Convention Sampler (10 CH)</b>		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Onsite, 9/1 and after	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275
<b>3+ members by mail or fax only (Convention Complete 50 CH)</b>		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$524	N/A
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$574	N/A
Onsite, 9/1 and after	<input type="checkbox"/> \$600	N/A
<b>Active Military Flat Rate</b> - Proof of active military status to Subject: AMSN Convention (Fax 856-218-0557 OR Email amsn@amsn.org)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
<b>Student Flat Rate</b> - (CH not included) - Pursuing initial RN license/proof of student status to Subject: AMSN Convention (Fax 856-218-0557 OR Email amsn@amsn.org)	<input type="checkbox"/> \$275	N/A

PAYMENT OPTIONS
<p>Check enclosed made payable in U.S. funds to: <b>AMSN</b></p> <p>Charge my: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p><b>Name of card holder</b> (please print) _____</p> <p><b>Billing address if different from above mailing address</b> _____</p> <p>_____</p> <p>Credit Card Number _____ / _____ / _____ / _____</p> <p>Expiration Date _____ Security Code _____</p> <p>Signature _____</p>

PAYMENT SUMMARY	AMSN Tax ID # 22 3141758
Convention Complete .....	\$ _____
Convention Select .....	\$ _____
Convention Basic .....	\$ _____
Convention Sampler .....	\$ _____
3+ members by mail or fax only .....	\$ _____
Flat rate for (indicate type) <input type="checkbox"/> Student <input type="checkbox"/> Military .....	\$ _____
Membership .....	\$ _____
<b>Total Enclosed</b> .....	<b>\$ _____</b>

**Cancellations and Substitutions** must be received in writing: Email amsninfo@amsn.org or mail AMSN National Office, Box 56, Pitman, NJ 08071. For cancellations received by August 13, 2021: \$75 administrative fee assessed/balance remitted to original form of payment. No refunds made thereafter. Membership fee is non-refundable/non-transferable. If substitute not AMSN member, additional fees may apply. AMSN reserves the right to cancel programs because of emergencies, labor strikes, acts of God, and insufficient registration or sponsorship.