

Academy of Medical-Surgical Nurses Annual Convention Registration Form

September 13-16, 2018 | Lake Buena Vista, FL

3 ways to register



Register online at:
convention.amsn.org



FAX credit card payment to:
856-218-0557



Mail completed form with payment to:
AMS N Registration
Box 56
Pitman, NJ 08071-0056

Name: _____ Daytime Phone Work Home Cell
 Credentials: _____ () _____
 Employer Name: _____ E-mail address: _____
 Preferred Mailing Address: Work Home

 City: _____
 State: _____ Zip: _____

To join AMSN today and pay member fees for this registration, please complete the membership form on the next page.
 Membership must be valid through September 30, 2018, to qualify for member rates.
 Current members may renew their AMSN membership with their convention registration.
 Membership will commence upon current expiration.

Main Registration Fees		
Main Registration <small>Note: 3:00 pm 9/13/18 to 12:30 pm 9/16/18.</small>	MEMBER	REGULAR
Early Bird, Postmarked on or before 8/6	<input type="checkbox"/> \$460	<input type="checkbox"/> \$560
Regular/Onsite, Postmarked after 8/6	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625
3+ members by mail or fax only		
Early Bird, Postmarked on or before 8/6	<input type="checkbox"/> \$435	N/A
Regular/Onsite, Postmarked after 8/6	<input type="checkbox"/> \$485	N/A

Military Flat Rate \$460
 Student Flat Rate \$275

Pre-Convention Registration Fees		
	MEMBER	REGULAR
010 Medical-Surgical Certification Review Course (2-day, 9/12 & 9/13) <input type="checkbox"/> Course <input type="checkbox"/> Optional Books Special	<input type="checkbox"/> \$269 <input type="checkbox"/> \$99	<input type="checkbox"/> \$329 <input type="checkbox"/> \$145
020 Project Manuscript Workshop (9/13)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$129

Guest Registration (other than attendee)

Thursday's Opening Ceremony & Reception Only (Guest Name) _____ \$40

Concurrent Sessions			
Thursday, September 13, 2018	Friday, September 14, 2018	Saturday, September 15, 2018	Sunday, September 16, 2018
3:00 pm 100 Convention Orientation ____ Yes, I will attend	11:15 am 111 _____ 112 _____ 113 _____ 114 _____ 12:45 pm 121 _____ 122 _____ 123 _____ 124 _____	9:45 am 211 _____ 212 _____ 213 _____ 214 _____ 11:15 am 221 _____ 222 _____ 223 _____ 224 _____	10:15 am 311 _____ 312 _____ 313 _____ 314 _____ 11:30 am 321 _____ 322 _____ 323 _____ 324 _____
4:15 pm 101 Opening Ceremonies ____ Yes, I will attend	3:30 pm 131 _____ 132 _____ 133 _____ 134 _____	2:00 pm 231 _____ 232 _____ 233 _____ 234 _____	
6:30 pm 102 Exhibit Hall Reception ____ Yes, I will attend		3:30 pm 241 _____ 242 _____ 243 _____ 244 _____	

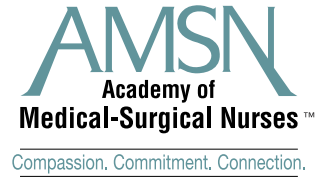
PAYMENT OPTIONS
Check enclosed made payable in U.S. funds to: AMS N
Charge my: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of card holder (please print) _____
Billing address if different from above mailing address _____ _____
Credit Card Number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

PAYMENT SUMMARY
Main Convention\$ _____
Daily: <input type="checkbox"/> Friday Only <input type="checkbox"/> Saturday Only\$ _____
Membership\$ _____
Guest\$ _____
Total Enclosed\$ _____

AMS N Tax ID # 22 3141758

Cancellations and Substitutions must be received in writing: Email amsn-info@amsn.org or mail AMSN National Office, Box 56, Pitman, NJ 08071. For cancellations received by August 14, 2018, a \$75 administrative fee will be assessed and the balance will be remitted to the original form of payment. No refunds will be made thereafter. Membership fee is non-refundable. If substitute is not an 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.

Membership Application



First Name: _____ Last Name: _____

Credentials: _____

E-mail address: _____

Mandatory e-mail address to access the AMSUN Web site and to receive valuable notifications from AMSUN.
AMSUN will not share your e-mail address with an outside source.

Please check preferred mailing address.

Employer: _____

Work Address: _____

City: _____

State: _____ Zip: _____

Work Phone: (_____) _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (_____) _____

Preferred Daytime Phone: Home Work

Membership Fee

Dues and contributions may qualify as a business expense, but are not deductible as a charitable contribution. \$26 of the membership dues is applied to a 1-year subscription to *MEDSURG Nursing Journal*. Membership Fee is non-refundable/non-transferable.

AMSUN tax ID# 22-3141758

Full Name of AMSUN member who referred you to AMSUN:

*Free Virtual Student Memberships do not apply.

Join for 2 years save \$10. Join for 3 years save \$25!

Categories	1 Year	2 Years	3 Years
Circle appropriate category			
Full Member – Registered Nurses	\$85	\$160	\$230
Senior - Full – RNs age 60 and over (Enclose proof of age).	\$75	\$142	\$203
Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).	\$85	\$160	\$230
Senior - Associate – Associate member age 60 and over (Enclose proof of age).	\$75	\$142	\$203
New Graduate – Full RNs in the first year of professional practice	\$70	—	—
New Graduate – Associate Associate member in the first year of professional practice	\$70	—	—
Virtual Student Membership (Enclose proof of enrollment).	\$0	—	—

Donation amount to AMSUN Scholarship and Grant Program: _____

Check enclosed made payable in U.S. funds to: AMSUN

Charge my:



Name of card holder (please print) _____

Billing address if different from above mailing address _____

Credit Card # _____ / _____ / _____ / _____

Expiration Date _____ Security Code* _____

* Last 3 digits, signature strip, back of credit card.
American Express - Front 4 digits.

Signature _____

Data Questions (Please complete ALL information)

Check one answer for each question that is available. **Please do not fill in your own choices, use what is shown.**

- | | | | | |
|---|---|--|---|---|
| <p>1. Professional status</p> <p><input type="checkbox"/> RN
<input type="checkbox"/> LPN/LVN
<input type="checkbox"/> Other</p> <p>2. Years experience as RN</p> <p><input type="checkbox"/> Less than 2
<input type="checkbox"/> 2-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26 or more</p> | <p>3. Years as med-surg nurse</p> <p><input type="checkbox"/> Less than 2
<input type="checkbox"/> 2-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26 or more</p> <p>4. Primary practice</p> <p><input type="checkbox"/> Inpatient Acute
<input type="checkbox"/> Inpatient Critical Care
<input type="checkbox"/> Inpatient Long-Term Care
<input type="checkbox"/> Ambulatory Care Services
<input type="checkbox"/> School of Nursing
<input type="checkbox"/> Other</p> | <p>5. Position</p> <p><input type="checkbox"/> Clinical Nurse
<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Educator/Faculty
<input type="checkbox"/> Researcher
<input type="checkbox"/> Unit Manager/Head Nurse
<input type="checkbox"/> Administrator/Director
<input type="checkbox"/> Student
<input type="checkbox"/> Other</p> | <p>6. Highest level of education completed</p> <p><input type="checkbox"/> Diploma-nursing
<input type="checkbox"/> Associate degree-nursing
<input type="checkbox"/> Bachelor's degree-nursing
<input type="checkbox"/> Bachelor's degree-other
<input type="checkbox"/> Master's degree-nursing
<input type="checkbox"/> Master's degree-other
<input type="checkbox"/> Doctoral degree-nursing
<input type="checkbox"/> Doctoral degree-other</p> | <p>7. Your sex</p> <p><input type="checkbox"/> Male
<input type="checkbox"/> Female</p> <p>8. Are you med-surg certified?</p> <p><input type="checkbox"/> Yes CMSRN
<input type="checkbox"/> Yes BC
<input type="checkbox"/> No</p> <p>9. What is your birth month and year?</p> <p>____ / _____</p> |
|---|---|--|---|---|

You can also join AMSUN online at amsn.org or
Fax to: AMSUN Membership 856-218-0557 or
Mail to: AMSUN Membership • East Holly Avenue/Box 56 • Pitman, NJ 08071-0056
Phone: 866-877-AMSUN (2676)