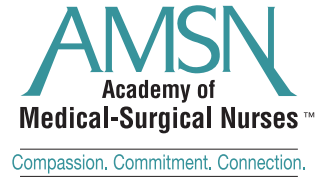


Membership Application



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. \$32 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)**

Academy of Medical-Surgical Nurses Annual Convention Registration Form

September 26-29, 2019 | Chicago, IL

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 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: _____

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

Including this meeting, how many AMSN conventions have you attended?
 1 2 3 4 5+

Disability or dietary needs? Please state: _____

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, 2019, to qualify for member rates.
 Current members may renew their AMSN membership with their convention registration.
 Membership will commence upon current renewal date.

Main Registration Fees		
Main Registration <small>Note: 3:30 pm 9/26/19 to 12:30 pm 9/29/19.</small>	MEMBER	REGULAR
Early Bird, Postmarked on or before 6/27	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
Regular/Onsite, Postmarked after 6/27	<input type="checkbox"/> \$540	<input type="checkbox"/> \$640
3+ members by mail or fax only		
Early Bird, Postmarked on or before 6/27	<input type="checkbox"/> \$450	N/A
Regular/Onsite, Postmarked after 6/27	<input type="checkbox"/> \$500	N/A
Package Membership & Full Registration Fees		
Early Bird	<input type="checkbox"/> \$560	N/A
Regular	<input type="checkbox"/> \$625	N/A

1. **Years as med-surg nurse**
 - Less than 2
 - 2-5
 - 6-10
 - 11-15
 - 16-20
 - 21-25
 - 26 or more
2. **Primary practice**
 - Inpatient Acute
 - Inpatient Critical Care
 - Inpatient Long-Term Care
 - Ambulatory Services
 - School of Nursing
 - Other
3. **Position**
 - Clinical Nurse
 - Clinical Nurse Specialist
 - Nurse Practitioner
 - Educator/Faculty
 - Researcher
 - Unit Manager/Head Nurse
4. **Are you med-surg certified?**
 - Yes CMSRN
 - Yes BC
 - No
5. **What is your birth month and year?**
 ___ / ___ - ___

Daily Registration Fees		
Daily Registration	MEMBER	REGULAR
Friday or Saturday	<input type="checkbox"/> \$280	<input type="checkbox"/> \$330
Please check the day you plan to attend: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Military Flat Rate	<input type="checkbox"/> \$470	
*RN Student Flat Rate	<input type="checkbox"/> \$275	

* Please provide unofficial transcript or student ID

Guest Registration (other than attendee)	
Thursday's Opening Ceremony & Reception Only (Guest Name) _____	<input type="checkbox"/> \$40

Concurrent Sessions
This section must be completed to process your registration. Indicate 1st two choices (1, 2) for each time period. Attendees are automatically registered for keynote address & general sessions.

Thursday, September 26, 2019	Friday, September 27, 2019			Saturday, September 28, 2019			Sunday, September 29, 2019		
	11:15 am	12:45 pm	3:30 pm	9:45 am	11:15 am	2:00 pm	8:00 am	9:30 am	10:45 am
3:30 pm 100 Convention Orientation ____ Yes, I will attend	111 _____	121 _____	131 _____	211 _____	221 _____	241 _____	311 _____	321 _____	331 _____
4:30 pm 101 Opening Ceremonies ____ Yes, I will attend	112 _____	122 _____	132 _____	212 _____	222 _____	242 _____	312 _____	322 _____	332 _____
6:30 pm 102 Exhibit Hall Reception ____ Yes, I will attend	113 _____	123 _____	133 _____	213 _____	223 _____	243 _____	313 _____	323 _____	333 _____
	114 _____	124 _____	134 _____	214 _____	224 _____	244 _____	314 _____	324 _____	334 _____
	115 _____	125 _____	135 _____	215 _____	12:30 pm 230 _____	245 _____	315 _____	325 _____	335 _____

PAYMENT OPTIONS
Check enclosed made payable in U.S. funds to: AMSN
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	\$ _____

AMSN Tax ID # 22 3141758

Cancellations and Substitutions must be received in writing: Email amsn@amsn.org or mail AMSN National Office, 200 E. Holly Ave., Sewell, NJ 08080. For cancellations received by August 27, 2019, 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, natural disasters, and insufficient registration or sponsorship.