

Academy of Medical-Surgical Nurses Annual Convention Registration Form

October 22-25, 2020 | Las Vegas, NV

3 ways to register



Register online at:
convention.amsn.org



FAX credit card payment to:
856-218-0557



Mail completed form with payment to:

AMSNN 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 you 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.

Membership must be valid through October 31, 2020, 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: 2:30 pm 10/22/20 to 1:15 pm 10/25/20.</small>	MEMBER	REGULAR
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$499	<input type="checkbox"/> \$599
Regular, Postmarked 7/1 - 10/21	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675
Onsite after 10/21	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
3+ members by mail or fax only		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$475	N/A
Regular, Postmarked 7/1 - 10/21	<input type="checkbox"/> \$550	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
- 3. **Position**
 - Clinical Nurse
 - Clinical Nurse Specialist
 - Nurse Practitioner
 - Educator/Faculty
 - Researcher
 - Unit Manager/Head Nurse
- Inpatient Long-Term Care
- Ambulatory Services
- School of Nursing
- Other
- 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, Saturday, or Sunday	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Please check the day you plan to attend: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

Military Flat Rate \$470
 *RN Student Flat Rate \$275 * Please provide unofficial transcript or student ID

Guest Registration (other than attendee)

Thursday's Opening Ceremony & Reception Only (Guest Name) _____ \$60

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, October 22, 2020	Friday, October 23, 2020		Saturday, October 24, 2020				Sunday, October 25, 2020	
	11:15 am	12:45 pm	9:45 am	11:15 am	2:00 pm	3:30 pm	11:00 am	12:15 pm
2:30 pm 100 Convention Orientation ____ Yes, I will attend	111 _____	121 _____	211 _____	221 _____	241 _____	251 _____	321 _____	331 _____
3:15 pm 101 Networking Session ____ Yes, I will attend	112 _____	122 _____	212 _____	222 _____	242 _____	252 _____	322 _____	332 _____
4:15 pm 102 Opening Ceremonies ____ Yes, I will attend	113 _____	123 _____	213 _____	223 _____	243 _____	253 _____	323 _____	333 _____
6:30 pm 103 Exhibit Hall Reception ____ Yes, I will attend	114 _____	124 _____	214 _____	224 _____	244 _____	254 _____	324 _____	334 _____
	115 _____	125 _____	215 _____	225 _____	245 _____	255 _____	325 _____	335 _____

PAYMENT OPTIONS

Check enclosed made payable in U.S. funds to: **AMSNN**

Charge my:

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: Friday Only Saturday Only\$ _____

Membership\$ _____

Guest\$ _____

Total Enclosed\$ _____

AMSNN Tax ID # 22 3141758

Cancellations and Substitutions must be received in writing: Email amsn@amsn.org or mail AMSNN National Office, 200 E. Holly Ave., Sewell, NJ 08080. For cancellations received by September 22, 2020, 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/non-transferable. If substitute is not an AMSNN member, additional fees may apply. AMSNN reserves the right to cancel programs because of emergencies, labor strikes, natural disasters, and insufficient registration or sponsorship.