



Information below is needed for both conference registrants and membership applicants.

REGISTRATION AND MEMBERSHIP APPLICATION

New Member

Renewing Member or Former Member

Name:

First Middle Last

Preferred Mailing Address: Home Work

Company Name (if work address)

Street

City State Zip Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

AANP policy allows for the release of a member's mailing address for educational, research and recruitment purposes only.

Check box if you do not want your mailing address released.

Phone and email information is for internal use only by AANP staff, elected officials, state representatives and AANP vendors for fulfilling member services.

EMERGENCY CONTACT

Name:

First Middle Last

Relationship to You: _____

Phone Number: _____

Email Address: _____

EDUCATIONAL INFORMATION

Highest Level of Education: (Please select ONE.)

- | | | | |
|-----------------------|------------------------|----------------------------|-------------------------|
| Certificate | Nursing Bachelor's | Non-nursing Master's | Other Nursing Doctorate |
| Nursing Associate | Non-nursing Bachelor's | Doctor of Nursing Practice | Non-nursing Doctorate |
| Non-nursing Associate | Nursing Master's | Nursing PhD | |

Year of NP Program Completion: (If you hold degrees from multiple NP programs, enter the year that you completed your initial program.)



Information below is needed for both conference registrants and membership applicants.

REGISTRATION AND MEMBERSHIP APPLICATION

STUDENT MEMBERSHIP INFORMATION

Student Licensed NP Student

Name of School: _____

City _____ State _____ Program Specialty _____

Anticipated Year of NP Program Completion: ____ ____ ____ ____

If the applicant is a student in an entry-level NP program, skip the Professional Information section.

PROFESSIONAL INFORMATION

National Provider Identifier (NPI)# _____

Are you working or volunteering as an NP?

Yes

No, I am an NP, but I am not currently working

No, I am another APRN (CNS, CNM, CRNA)

No, I am a retired NP

No, I am another type of nurse

No, I am an NP student

No, I am not an NP or a nurse

Are you licensed as an NP?

Yes

No

Are you certified as an NP?

Yes

No



CONFERENCE FEES

Name:

First Middle Last

By submitting this registration, the registrant acknowledges they have read and agree to the [AANP Conference Terms of Service and Release of Liability](#), the [AANP Privacy Policy](#) and the [AANP Terms of Use](#).

REGISTRATION FEE RATES

In-Person Full Conference Registration Fees

Member Type	Fees Received by May 5	Fees Received After May 5
NP Member	\$629	\$679
Student Member	\$131	\$181
Licensed NP Student Member	\$408	\$458
Career Starter Member	\$408	\$458
Retired Member	\$389	\$439
Associate Member	\$639	\$689
International Advanced Practice Nurse	\$629	\$679
International Student Member	\$131	\$181
Non-member	\$839	\$889

In-Person One-Day Conference Registration Fees

Member Type	Fees Received by May 5	Fees Received After May 5
NP Member	\$378	\$428
Student Member	\$131	\$181
Licensed NP Student Member	\$336	\$386
Career Starter Member	\$336	\$386
Retired Member	\$257	\$307
Associate Member	\$388	\$438
International Advanced Practice Nurse	\$378	\$428
International Student Member	\$131	\$181
Non-member	\$546	\$596

On-Demand Conference Registration Fees

Member Type	Fees Received by May 5	Fees Received After May 5
NP Member	\$387	\$437
Student Member	\$131	\$181
Licensed NP Student Member	\$261	\$311
Career Starter Member	\$261	\$311
Retired Member	\$205	\$255
Associate Member	\$597	\$647
International Advanced Practice Nurse	\$387	\$437
International Student Member	\$131	\$181
Non-member	\$608	\$658

Subtotal
Registration Fee:



June 23 – 27

CONFERENCE FEES

Name:

First Middle Last

By submitting this registration, the registrant acknowledges they have read and agree to the [AANP Conference Terms of Service and Release of Liability](#), the [AANP Privacy Policy](#) and the [AANP Terms of Use](#).

Subtotal from Previous Page:

AANP MEMBERSHIP FEES

NP Member	\$153
Student Member	\$55
Licensed NP Student Member	\$97
Career Starter Member	\$97
Retired Member	\$56
Associate Member	\$163

Subtotal Membership Fee:

AANP COMMUNITIES MEMBERSHIP FEES

Each community is \$20 annually.

Acute Care	Gastroenterology	International	Pain Management
Cardiology	Gerontology	Neonatal	Pediatrics
Convenient/Urgent Care	Health Equity, Diversity and Inclusion	Neurology	Primary Care
Dermatology and Aesthetics	Healthcare Technology	Obesity	Psych and Mental Health
Emergency and Convenient/Urgent Care	Hospice and Palliative Care	Occupational and Environmental Health	Pulmonary and Sleep
Endocrine	Industry and Executive	Oncology	Men's Health and Urology and Nephrology
Functional and Lifestyle Medicine	Infectious Disease/HIV and Immunology-Rheumatology	Ophthalmology and Otolaryngology	Women's Health
Entrepreneur	Interagency Government	Orthopedics	Wound Care

Subtotal AANP Community Fees:



CONFERENCE FEES

Name:

First

Middle

Last

By submitting this registration, the registrant acknowledges they have read and agree to the [AANP Conference Terms of Service and Release of Liability](#), the [AANP Privacy Policy](#) and the [AANP Terms of Use](#).

Subtotal from
Previous Page:

WORKSHOPS / SPECIALIZED SEMINARS / SEMINAR FEES

Select all that apply.

	\$199	Aesthetic Essentials: Techniques for Nurse Practitioners (26.1.012, 26.1.029)
	\$150	Basic to Advanced HEENT Procedures for Urgent Care (26.1.013)
	\$150	Become an Injection Pro With an Essential Toolkit (26.2.014)
	\$199	Commercial Driver Medical Examiner Training Course Part 1 & 2 (26.1.006, 26.1.023)
	\$150	Continuous Glucose Monitoring: Advanced Cases (26.1.011, 26.1.028)
	\$60	Functional Root Cause Resolution of Hypertension (26.1.017)
	\$150	HPV Anogenital Benign and Neoplastic Disease (26.1.014)
	\$60	Human Trafficking and Trauma Informed Care (26.1.030)
	\$150	Introduction To Basic Suturing (26.1.010, 26.1.027)
	\$150	Mastering Spirometry: Maneuvers and Interpretation (26.2.094)
	\$150	Musculoskeletal Exam and Injection Techniques Part 1 & 2 (26.1.008, 26.1.025)
	\$ 150	Neuroimaging and Neurological Case Studies (26.1.034)
	\$150	Office Gynecology Procedures for Primary Care Providers (26.1.015)

	\$150	Pediatric Orthopedic Intensive Workshop (26.1.016)
	\$199	Point of Care Ultrasound Part 1 & 2 - Tuesday (26.1.007, 26.1.024)
	\$199	Point of Care Ultrasound Part 1 & 2 - Wednesday (26.2.012, 26.2.092)
	\$150	Skin Biopsy and Cryotherapy for Primary Care (26.1.031)
	\$60	Speedy Spanish for Nurse Practitioners Part 1 & 2 (26.2.013, 26.2.093)
	\$60	Suicide Risk Assessment and Safety Planning (26.1.033)
	\$150	Urgent Care Procedures Workshop (26.1.009, 26.1.026)

Subtotal
Workshop Fees:

Grand Total:

PAYMENT INFORMATION

To register for conference, please remember to mail or fax pages all pages of the form (1R-4R). Payment must be included with form. Thank you!

Forward registration form and payment to: AMERICAN ASSOCIATION OF NURSE PRACTITIONERS • P.O. BOX 12846 • AUSTIN, TX 78711

If paying by credit card, you may fax to AANP at 512-442-6469.

Enclosed is my check payable to: American Association of Nurse Practitioners Please charge to my credit card: Visa MasterCard American Express Card

Card Number: _____ Expiration Date: _____ Billing Zip Code: _____ Security Code: _____

Cardholder Name: _____ Signature: _____

PLEASE PRINT LEGIBLY

IF FILLING OUT THIS FORM ELECTRONICALLY, PLEASE COMPLETE, PRINT AND MAIL TO: AANP, P.O. BOX 12846, AUSTIN, TX 78711 OR FAX TO 512-442-6469.