

2020 NATIONAL CONFERENCE REGISTRATION & MEMBERSHIP APPLICATION

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

New Member **Renewing Member or Former Member**

Member # (if a current 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: _____ Ext. _____

Cell Phone: _____

Email: _____

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.

DEMOGRAPHIC INFORMATION

(Utilizing federal classifications for ethnicity and race, check all that apply.)

Gender: Female Male **Year of Birth:** 19 ____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

MILITARY INFORMATION

Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

Never served in the military Only on active duty for training in the Reserves or National Guard

Currently on active duty On active duty in the past, but not presently

EDUCATIONAL INFORMATION

Highest Level of Education: (Please select ONE.)

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

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

STUDENT MEMBERSHIP INFORMATION

Student **Post Master's 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 and go to the Membership Dues Information section below.

PROFESSIONAL INFORMATION

National Provider Identifier (NPI)# _____

Are you working or volunteering as an NP? Yes No

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

NP Certification(s): (Please check all that apply.)

Acute Care	Oncology
Addiction Registered Nurse – Advanced Practice Adult	Orthopedics
Adult-Gerontology-Acute Care	Pediatrics – Acute Care
Adult-Gerontology-Primary Care	Pediatrics – Primary Care
Dermatology	Pediatrics – Primary Care Mental Health
Diabetes Management – Advanced	Psychiatric/Mental Health
Emergency	Psychiatric/Mental Health – Adult
Family	Psychiatric/Mental Health – Family
Gerontology	School Health
Hospice and Palliative Care	Women's Health
Neonatal	None
	Other, please specify: _____

NP Work Setting:

(Please select ONE setting, preferably your main work site.)

Assisted Living	Migrant Health Clinic
College Health	Military/DoD
Community Health Center	Occupational Health Clinic
Correctional/Prison Facility	Private Group Practice
Emergency Room	Private NP Practice
Family Planning Clinic	Private Physician Practice
Federally Qualified Health Center	Psych/Mental Health Facility
Government Agency	Public Housing Primary Care
Health Department	School Health Clinic
HMO	Rehabilitation Facility
Home Health Care	Retail Clinic
Hospice/Palliative Care	Rural Health Clinic
Hospital Inpatient Clinic	University, private
Hospital Outpatient Clinic	University, public
Indian Health Service	Urgent Care
Insurance Company, private	VA Facility
Insurance Company, public	Other, please specify: _____
Long-term Care Facility	

Your clinical focus at your main NP work site:

(Please select ONE clinical focus.)

Administration	OB/GYN
Cardiology	Occupational
Complementary/Alternative	Oncology
Dermatology	Orthopedics
Emergency	Pain Medicine
Endocrinology	Primary Care
End-of-life Care	Psychiatric
ENT	Research
Faculty	Respiratory
Gastroenterology	Surgical
Genetics	Urgent Care
Health Promotion	Urology/Nephrology
Hematology	Wound Care
Immunology/Rheumatology	None
Neurology	Other, please specify: _____

MEMBERSHIP DUES INFORMATION

Membership Type: Student \$55 Post Master's Student \$95 Career Starter \$95 NP \$150 Associate \$160 Retired \$55

Specialty Practice Groups (SPGs): SPGs are communities within AANP for those who share a common interest in advancing knowledge and learning in select specialty areas.

The community sites support discussions, document sharing, collaboration and networking. Each SPG is \$20 annually.

Acute Care Cardiology Convenient and Urgent Care Dermatology Emergency Endocrine Entrepreneur Gastroenterology Health Informatics and Telehealth
International Neurology Obesity Occupational and Environmental Health Orthopedics Pain Management Psych Mental Health Pulmonary and Sleep

For additional membership information and to begin or renew your membership, visit aanp.org. Memberships are nonrefundable.

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.

CONFERENCE SESSIONS

PLEASE PRINT LEGIBLY

Name: _____
First Middle Last

Please write in the **entire session number** for your preferred selections. Where applicable, indicate your first, second and third choice. No selection is guaranteed. If no selections are provided, your registration cannot be processed.

Please note: During a given time frame, you can register to attend **only one** session. If you register for a workshop, you will not be able to attend concurrent presentations occurring during the same time frame.

TUESDAY, JUNE 23, 2020	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
WORKSHOPS			
7:30 a.m. - 12:00 p.m.	_____	_____	_____
1:00 p.m. - 5:00 p.m.	_____	_____	_____
RAPID FIRE PRESENTATIONS			
4:00 p.m. - 4:20 p.m.	_____	_____	_____
4:30 p.m. - 4:50 p.m.	_____	_____	_____
5:00 p.m. - 5:20 p.m.	_____	_____	_____
5:30 p.m. - 5:50 p.m.	_____	_____	_____
WEDNESDAY, JUNE 24, 2020	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
WORKSHOPS			
7:30 a.m. - 1:00 p.m.	_____	_____	_____
OPENING GENERAL SESSION			
8:00 a.m. - 9:30 a.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
9:45 a.m. - 10:45 a.m.	_____	_____	_____
11:00 a.m. - 12:00 p.m.	_____	_____	_____
MILITARY/UNIFORMED SERVICES			
11:00 a.m. - 2:00 p.m. <small>Open to Active, Retired Military & USPHS Attendees ONLY</small>	_____	_____	_____
SEMINARS/WORKSHOPS			
1:00 p.m. - 5:00 p.m.	_____	_____	_____
1:15 p.m. - 4:15 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
1:30 p.m. - 2:30 p.m.	_____	_____	_____
2:45 p.m. - 4:15 p.m.	_____	_____	_____
RAPID FIRE PRESENTATIONS			
4:00 p.m. - 4:20 p.m.	_____	_____	_____
REGIONAL MEETINGS			
4:00 p.m. - 5:00 p.m.	_____	_____	_____
DEPARTMENT OF VETERANS AFFAIRS NP FORUM			
4:30 p.m. - 5:30 p.m.	_____	_____	_____
RAPID FIRE PRESENTATIONS			
4:35 p.m. - 4:55 p.m.	_____	_____	_____
SPECIALTY PRACTICE GROUPS			
5:15 p.m. - 6:30 p.m.	_____	_____	_____
MILITARY/UNIFORMED SERVICES			
5:45 p.m. - 7:15 p.m. <small>Open to Active, Retired Military and USPHS Attendees Only</small>	_____	_____	_____
THURSDAY, JUNE 25, 2020	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
STUDENT NETWORKING BREAKFAST: DAY ONE			
7:00 a.m. - 9:00 a.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
8:00 a.m. - 9:00 a.m.	_____	_____	_____
SEMINARS/WORKSHOPS			
8:00 a.m. - 12:00 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
9:15 a.m. - 10:15 a.m.	_____	_____	_____
10:30 a.m. - 1:30 p.m.	_____	_____	_____
1:15 p.m. - 2:15 p.m.	_____	_____	_____

For current selection of sessions, register online at aanp.org/nola20.

CONFERENCE SESSIONS

PLEASE PRINT LEGIBLY

Name: _____
 First Middle Last

Please write in the **entire session number** for your preferred selections. Where applicable, indicate your first, second and third choice. No selection is guaranteed. If no selections are provided, your registration cannot be processed.

Please note: During a given time frame, you can register to attend **only one** session. If you register for a workshop, you will not be able to attend concurrent presentations occurring during the same time frame.

THURSDAY, JUNE 25, 2020	1ST CHOICE	2ND CHOICE	3RD CHOICE
ATTENDED POSTERS: GROUP ONE			
3:00 p.m. - 4:30 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
4:45 p.m. - 5:45 p.m.	_____	_____	_____
FRIDAY, JUNE 26, 2020	1ST CHOICE	2ND CHOICE	3RD CHOICE
STUDENT NETWORKING BREAKFAST: DAY TWO			
7:00 a.m. - 9:00 a.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
8:00 a.m. - 9:00 a.m.	_____	_____	_____
GENERAL SESSION: LEGISLATIVE UPDATE			
9:15 a.m. - 10:45 a.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
11:00 a.m. - 12:00 p.m.	_____	_____	_____
SEMINARS/WORKSHOPS			
1:30 p.m. - 5:45 p.m.	_____	_____	_____
ATTENDED NP POSTERS: GROUP TWO			
1:45 p.m. - 3:15 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
3:30 p.m. - 4:30 p.m.	_____	_____	_____
4:45 p.m. - 5:45 p.m.	_____	_____	_____
SATURDAY, JUNE 27, 2020	1ST CHOICE	2ND CHOICE	3RD CHOICE
CONCURRENT PRESENTATIONS			
8:00 a.m. - 9:00 a.m.	_____	_____	_____
SEMINARS/WORKSHOPS			
8:00 a.m. - 12:00 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
9:15 a.m. - 10:15 a.m.	_____	_____	_____
ATTENDED NP POSTERS: GROUP THREE			
10:30 a.m. - 11:45 a.m.	_____	_____	_____
11:15 a.m. - 11:45 a.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
1:15 p.m. - 2:15 p.m.	_____	_____	_____
2:30 p.m. - 3:30 p.m.	_____	_____	_____
GENERAL SESSION: SATURDAY KEYNOTE			
3:45 p.m. - 4:45 p.m.	_____	_____	_____
SUNDAY, JUNE 28, 2020	1ST CHOICE	2ND CHOICE	3RD CHOICE
CONCURRENT PRESENTATIONS			
8:00 a.m. - 9:00 a.m.	_____	_____	_____
SEMINARS			
8:00 a.m. - 12:00 p.m.	_____	_____	_____
CONCURRENT PRESENTATIONS			
9:15 a.m. - 10:15 a.m.	_____	_____	_____
10:30 a.m. - 11:30 a.m.	_____	_____	_____

CONFERENCE FEES

Name: _____
First Middle Last

By submitting this registration form, the registrant acknowledges they have read and agree to the Terms of Service and Release of Liability published online at release.aanp.org.

Received by 5/11/20
11:59 p.m. CT

Received after 5/11/20
11:59 p.m. CT

June 23–28, 2020, Registration Fees

(Please Select Your Registration Category)

NP Member	\$595	\$645
Associate Member	\$595	\$645
Student Member	\$195	\$245
Post Master's Student Member	\$515	\$565
Career Starter Member	\$370	\$420
Retired Member	\$370	\$420
Nonmember	\$755	\$805

Non-AANP members are invited to join now and attend at member rates!

Subtotal Registration Fee:

One-day Registration Fees

(One-day Registrants: Please Indicate the Day You Are Attending.)

Tues. 6/23 Wed. 6/24 Thur. 6/25 Fri. 6/26 Sat. 6/27 Sun. 6/28

(Please Select Your Registration Category)

NP Member	\$360	\$410
Associate Member	\$360	\$410
Student Member	\$195	\$245
Post Master's Student Member	\$320	\$370
Career Starter Member	\$245	\$295
Retired Member	\$245	\$295
Nonmember	\$425	\$475

NOTE:

IF YOU REGISTERED ABOVE FOR THE ENTIRE CONFERENCE, SKIP THE ONE-DAY REGISTRATION FEES CATEGORY.

Subtotal One-day Fee:

Workshops/Specialized Seminars/Seminar Fees

(Please Select Your Workshops)

Advanced Suturing and Digital Blocks (20.4.070)	\$135	House Calls: The Key to Transform Your Career and Health Care (20.1.025)	\$135
ASAM Fundamentals of Addiction Medicine Course: Parts 1 and 2 (20.1.004, 20.1.058)	\$200	Intermediate Spanish for Health Care Professionals (20.4.083)	\$100
Basic Spanish for Health Care Professionals (20.2.071, 20.3.041, 20.5.040)	\$100	Musculoskeletal Assessment of Common Orthopedic Conditions (20.1.010)	\$135
Basic Suturing (20.1.014, 20.1.043, 20.2.075, 20.5.030)	\$135	Musculoskeletal Injections in Primary Care (20.1.057, 20.2.070, 20.3.040)	\$135
Basic to Advanced Emergency HEENT Procedures (20.1.026, 20.1.056)	\$135	Pediatric Orthopedics (20.1.024, 20.1.054)	\$135
Commercial Motor Vehicle (CMV) Medical Examiner Training: Parts 1 and 2 (20.1.020, 20.1.046)	\$135	Punch and Shave Biopsies for Primary Care (20.3.028)	\$135
Complex Essentials of the Neurological Exam (20.4.071)	\$135	Spirometry for Primary Care NPs (20.1.008, 20.1.038)	\$135
Critical Care Ultrasound (20.1.005)	\$135	Telehealth: Basic Principles and Equipment (20.1.013, 20.1.042)	\$135
Extremity Fractures: Basic Splinting (20.1.011, 20.1.040)	\$135	Urgent Care Procedure Skills (20.1.009, 20.1.039)	\$135
FCCS Course: Group 1 or Group 2 (20.2.006, 20.2.007)	\$225	Women's Health Ultrasound (20.1.044)	\$135
House Calls: Optimize Care for Homebound Patients (20.1.055)	\$135	Women's Sexual Health: Parts 1 and 2 (20.1.021, 20.1.051)	\$135

NOTE:

IF YOU ONLY REGISTER FOR A WORKSHOP ON EITHER TUESDAY, JUNE 23, OR SUNDAY, JUNE 28, YOU WILL ALSO BE CHARGED A ONE-DAY REGISTRATION FEE.

Subtotal Workshop and Seminar Fees:

Subtotal Membership Fee:

AANP Membership Fees

(Please Select Your Membership Category)

NP Member	\$150	Student Member	\$55	Associate Member	\$160
Post Master's Student Member	\$ 95	Retired Member	\$55	Career Starter Member	\$ 95

Subtotal SPG Fees:

Specialty Practice Group (SPG) Membership Fees

Each SPG is \$20 annually.

Acute Care Cardiology Convenient and Urgent Care Dermatology Emergency Endocrine Entrepreneur Gastroenterology Informatics and Telehealth
 International Neurology Obesity Occupational and Environmental Health Orthopedics Pain Management Psych and Mental Health Pulmonary and Sleep

To register for conference, please remember to mail or fax pages 1R–4R. Payment must be included with form. Thank you!

Grand Total:

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

Cardholder Name: _____ Signature: _____

Please Print