

# 2019 AANP HEALTH POLICY CONFERENCE

Hyatt Regency on Capitol Hill

Washington, D.C. • February 3–February 5, 2019

## REGISTRATION FORM

By submitting this registration, the registrant acknowledges they have read and agree to the **Terms of Service and Release of Liability** published online at [release.aanp.org](http://release.aanp.org).



### PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_  
First Middle Last

Preferred Mailing Address: (circle one) Home Work

Company Name (if work address): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ National Provider Identifier #: \_\_\_\_\_

### Please choose Yes or No for the following questions: (Circle one)

Is this your first time attending an AANP Health Policy Conference? Yes No

Will you attend Hill Day on Tuesday, February 5th? (If Yes, AANP will schedule meetings for you with your congressional offices) Yes No

Congressional meetings will be scheduled between the hours of 10:00 am and 5:00 pm on Tuesday, February 5. Will your travel plans conflict with those hours? Yes No

If yes, what time would you need to leave Capitol Hill on Tuesday, February 5th? \_\_\_\_\_

(Allow 30 minutes to travel to Reagan National Airport and one hour to travel to Dulles or Baltimore Washington International (BWI) airports)

Please provide a cellphone number that we can use to reach you on Hill Day, should any last minute changes occur: \_\_\_\_\_

### REGISTRATION FEES

Registration includes all sessions, announced meals and attendee materials.

AANP Member: \$650\*  AANP Student Member: \$255\*\*  Non-member: \$850

\*Member registration applies to NP, Associate, Career Starter, Post Master's Student and Retired AANP memberships.

\*\*Please include proof of enrollment in an entry-level NP program with registration (e.g. unofficial/official transcript, tuition bill, letter from registrar).

### PAYMENT INFORMATION

Check Enclosed (make payable to AANP) Credit Card (circle one) AMERICAN EXPRESS MASTERCARD VISA

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CANCELLATION | REFUND POLICIES:** Written cancellation requests received by AANP no later than Thursday, December 20, 2018, will be refunded. Send via email to [confcancellation@aanp.org](mailto:confcancellation@aanp.org), fax to 512-442-6469 or mail to P.O. Box 12846, Austin, TX 78711. Please note, if you do not cancel in writing and do not attend, you are still responsible for payment. Administrative fees for refunds will be charged as applicable: \$50 for entry-level NP Student; \$75 for all other categories. **After Thursday, December 20, 2018, no refunds will be issued.** Returned Checks: An administrative fee of \$35 will be charged for all checks returned to AANP for insufficient funds.

### SUBMIT COMPLETED REGISTRATION FORMS TO:

American Association of Nurse Practitioners Conferences & Meetings Department  
P.O. Box 12846 Austin, TX 78711 Fax: (512) 442-6469

### QUESTIONS:

Phone: (512) 442-4262  
Email: [conference@aanp.org](mailto:conference@aanp.org)  
Web: [aanp.org](http://aanp.org)