

AANAC 2010 Spring National Conference

Las Vegas Hilton | April 29-30, 2010 | Pre-Conference April 26-28, 2010

Please print clearly and **fill out all fields**. Are you a first time attendee? Yes No

MEMBERSHIP INFORMATION

- I am a current AANAC member. My member number is: _____
- I want to renew my membership for \$110. My member number is: _____
- I want to join AANAC for \$110

You must be an AANAC member at the time of the conference for the membership discount to apply. Membership belongs to the individual and is non-transferable.

ATTENDEE INFORMATION

First Name: _____ Last Name: _____ Credentials: _____

Title: _____ Organization: _____

Work Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Work Phone: _____ Home Phone: _____

*MUST INCLUDE EMAIL! registration confirmation will be sent to your email address

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred Contact: Work Home Special Needs: _____

PRE-CONFERENCE REGISTRATION

4/26-4/28	Members	Non-Members
Medicare University	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
3 Day AANAC C-NE Workshop	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
3 Day AANAC RAC-CT Workshop	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Late Registration: after 4/04/10	<input type="checkbox"/> \$500	<input type="checkbox"/> \$700
4/26-4/27	Recertification Only	
2 Day AANAC RAC-CT Workshop	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Late Registration: after 4/04/10	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600

CONFERENCE REGISTRATION

4/29-4/30	Members	Non-Members
Early Bird: pay by 1/31/10	<input type="checkbox"/> \$395	<input type="checkbox"/> \$780
Registration: 2/1/10-4/4/10	<input type="checkbox"/> \$415	<input type="checkbox"/> \$780
Late Registration: 4/5/10 - 4/9/10	<input type="checkbox"/> \$465	<input type="checkbox"/> \$780
after 4/9/10 please register onsite		
Printed Conference Handouts	<input type="checkbox"/> \$50	

Must be ordered in advance, pickup at Conf. Registration area. Up-to-date handouts can be downloaded free of charge.

Conference Subtotal: _____

Promotion Code: _____

Enter Promotion code **LV0410** in the identified field when registering online or on the registration form that you FAX or mail

Pre-Conference Subtotal: _____

BREAKOUT SESSIONS FOR CONFERENCE - Please choose one from each column

4/29 10:30 - 12:00	4/29 3:45 - 5:15	4/30 10:45 - 12:15	4/30 3:00 - 4:30
<input type="checkbox"/> (1) MDS & RUGs IV	<input type="checkbox"/> (5) 3.0 Improve Odds	<input type="checkbox"/> (9) RUGs IV Changes	<input type="checkbox"/> (13) 3.0 Care Area Assessments
<input type="checkbox"/> (2) 3.0 Need to Know	<input type="checkbox"/> (6) Geriatric Nursing	<input type="checkbox"/> (10) MDS and Medicare	<input type="checkbox"/> (14) Restraints
<input type="checkbox"/> (3) Compliance	<input type="checkbox"/> (7) Member Networking	<input type="checkbox"/> (11) Hospitalizations	<input type="checkbox"/> (15) Five Star Success
<input type="checkbox"/> (4) Culture Change	<input type="checkbox"/> (8) QIS Fundamentals	<input type="checkbox"/> (12) Pain Management	<input type="checkbox"/> (16) Jackpot: Resident Interviewing

Membership Subtotal: _____

Pre-Conference Subtotal: _____

Conference Subtotal: _____

Subtotal: _____

Grand Total: _____

PAYMENT INFORMATION

- Check Enclosed (must be postmarked by 4/01/10)
- Charge Credit Card
- Card Type: Visa MC Amex
- Card # _____ Exp. Date: _____
- Name on Card (print): _____
- Signature: _____
- 3-digit security code on back: _____

Register by 1/31/10 for an opportunity to win an AMEX \$100 Gift Card!!!

Winner of cash gift card will be drawn from all eligible Early Bird Registrations received by 1/21/2010.



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