

REGISTRATION FORM

Advanced Public Policy Institute for Health Professionals

The Westin Grand, Washington, DC • February 24–26, 2010

National Nurse Practitioner Summit & Leadership Conference

The Westin Grand, Washington, DC • February 26–March 1, 2010



Please print CLEARLY.

Name/Credentials _____

Badge Name _____ Title _____

Street Address _____ City _____

State _____ ZIP _____ Day Phone: _____ Fax: _____

Email: _____ Company/Agency/Organization: _____

Please list any special needs or dietary requests: _____

If known, US Congressional representatives: _____

Are you representing an ACNP affiliate organization? No Yes _____
(name of ACNP affiliate organization)

ACNP Affiliate Representatives – if you are claiming the free Summit registration for your affiliate organization, you must register via fax or mail, and indicate “COMPLIMENTARY” on your form.

REGISTRATION FEES

Postmarked On or Before 02/08/10 Postmarked After 02/08/10

PPI Tuition includes all PPI sessions; announced meals; attendee materials

- | | | |
|--|-------------|-------|
| <input type="checkbox"/> Member | \$495 | \$545 |
| <input type="checkbox"/> Non-Member or other Health Professional | \$595 | \$645 |
| <input type="checkbox"/> Student Rate* | \$395 | \$445 |

Summit Registration includes all Summit sessions; announced meals; attendee materials; over 20 hours of CEI

- | | | |
|--|-------------|-------|
| <input type="checkbox"/> Member | \$350 | \$375 |
| <input type="checkbox"/> Non-Member or other Health Professional | \$450 | \$475 |
| <input type="checkbox"/> Student Rate* | \$225 | \$275 |

SAVE \$\$! Register for both PPI and Summit (includes all sessions; announced meals; attendee materials)

- | | | |
|--|-------------|-------|
| <input type="checkbox"/> Member | \$745 | \$795 |
| <input type="checkbox"/> Non-Member or other Health Professional | \$845 | \$895 |
| <input type="checkbox"/> Student Rate* | \$495 | \$545 |

Registration Total _____

*Please include proof of enrollment in an NP program with registration (ex. Copy of student ID or current courses)

PAYMENT INFORMATION

- Check enclosed for registration (please make payable to ACNP)
- Charge reservation to my credit card (Circle One) AMERICAN EXPRESS MASTERCARD VISA

Card Number: _____ Exp. Date: _____

Name as it appears on the card: _____ Signature: _____

CANCELLATION POLICY: Registration cancellation subject to \$50 administrative fee if cancellation is received in writing by February 8, 2010.

No refunds after February 8, 2010.

SUBMIT COMPLETED REGISTRATION FORMS TO:

American College of Nurse Practitioners
Meetings Department
1501 Wilson Blvd, Suite 509
Arlington, VA 22209
Fax: 703-740-2533

QUESTIONS:

Phone: (703) 740-2529 ext. 227
Email: acnp@acnpweb.org
Web: www.acnpweb.org