

23rd National Mother Baby Nurses Conference

Las Vegas, Nevada | September 9–12, 2020

Name: _____ Credentials: _____
 Home Address: _____
 City _____ State _____ Zip/Postal Code: _____
 Daytime Phone: home work (_____) _____ Mobile Phone: (_____) _____
 E-mail Address: (Required for communication) _____
 Employer: _____
 Nursing License #: _____ State _____ ANN Member # (if applicable) _____
 Dietary/Disability needs? _____

Check here if you prefer not to have your email address provided to vendors.

Please let us know who you are:

1. Area of practice: Mother Baby Unit Level I Nursery Level II Nursery Postpartum L&D Other
2. Are you involved in any purchase decisions in your unit? Yes No
3. Your primary role is: Staff Nurse Educator Manager Clinical Nurse Specialist Other
4. Your highest level of nursing education is: Associate Diploma Baccalaureate Masters Doctorate Other
5. Certified? NCC AACN Other None
6. Deliveries per year at your facility: 200–500 501–1,000 More than 1,000
7. Tell us how you heard about this conference. Academy Connection eNewsletter Ad in *Neonatal Network*
 At a previous conference Brochure mailed to my home Brochure mailed to my unit E-mail Facebook
 Friend/Colleague Postcard mailed to my home Web search Other
8. How many previous ANN conferences have you attended? 0 1–3 4 or More
9. Age Group: Under 30 30–44 45–54 55–64 65 and over

Group Discount: \$50 discount per person. See website for details. Promotional prices do not apply to Group Discount.

Student Rate: \$260. Student must provide proof of student status, nursing programs only.

Retiree Rate: \$380. Retirees must be at least 65 years of age.

One discount per registrant.

SELECT CONCURRENT WORKSHOPS (General sessions open to all registrants.)								
MOTHER BABY NURSES CONFERENCE								
Thursday	311 _____	312 _____	313 _____		321 _____	322 _____	323 _____	
Friday	341 _____	342 _____	343 _____		351 _____	352 _____	353 _____	
Main Conference Registration Fees								AMOUNT
Early registration through 7/16/20					<input type="checkbox"/> \$470			\$
Regular/Onsite after 7/16/20					<input type="checkbox"/> \$540			\$
Preconference Fees (select one)								AMOUNT
<input type="checkbox"/> Wednesday 9/9 010 _____ 020 _____ 030 _____					<input type="checkbox"/> \$240			\$
Single Day Registration Fee (select one)								AMOUNT
<input type="checkbox"/> Thurs 9/10 <input type="checkbox"/> Fri 9/11 <input type="checkbox"/> Sat 9/12					<input type="checkbox"/> \$240			\$
PAYMENT								TOTAL
<input type="checkbox"/> Check enclosed payable in US funds to: MBNC							Amount Enclosed	\$
OR charge my <input type="checkbox"/> VISA <input type="checkbox"/> Master Card _____ - _____ - _____ - _____ <input type="checkbox"/> Discover Expiration Date _____ Security Code _____								
Cardholder name (please print): _____ Credit card billing address (if different from above): _____ _____ Signature _____								

For cancellations received in writing by August 14, 2020, a \$50 administrative fee will be assessed and the balance will be remitted to the original form of payment. No refunds will be made after August 14, 2020. Membership fee is non-refundable, non transferable. ANN reserves the right to cancel conferences because of emergencies, labor strikes, acts of God, and insufficient registration or sponsorship. **Questions? Conference: 707-795-1421, Registration: 856-256-2352.**



ONLINE: academyofneonatalnursing.org



FAX: 856-218-0557



MAIL
MBNC Registration
 PO Box 56
 Pitman, NJ 08071-0056