

23rd National Mother Baby Nurses Conference

NEW Virtual Conference! | September 10–12, 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

MOTHER BABY NURSES CONFERENCE			
Conference Registration Fees			AMOUNT
<input type="checkbox"/>	Full Conference (includes 40 CNE contact hours <i>and</i> one-year ANN membership)	\$299	\$
<input type="checkbox"/>	Mini Con (includes 20 CNE contact hours)	\$150	\$
<input type="checkbox"/>	Student Full Conference (must provide proof of student status, nursing program only)	\$199	\$
<input type="checkbox"/>	Retiree Full Conference (must be at least 65 years of age)	\$199	\$
Additional Workshop			AMOUNT
<input type="checkbox"/>	7th ANNUAL Symposium for Nurse Leaders (Includes 6 CNE contact hours)	\$89	\$
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 31, 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 31, 2020. 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