



# Registration

## Registration Tips

AACN strongly encourages attendees to register in advance. Badge and ExpoCard packets are mailed out in late April. If you do not receive these items prior to your departure for New Orleans, you may pick them up on-site at the Registration Desk located in Hall B-2.



## New This Year: AACN Goes Green!

In our efforts to be eco-friendly, AACN will **e-mail** your registration confirmation letter. **Please be sure to update your e-mail address on the registration form.**

## Sunrise Sessions

Choose one session and up to two alternates. You will be registered in the order of the preference you indicate. **Note: These sessions are ticketed, include a plated breakfast and will fill up well before the conference.** Please check the box if you would like us to choose a session for you in the event all your choices are full.

## Cancellations

Cancellations must be received in writing by **April 15, 2009** to qualify for a refund. A cancellation fee of \$75 will be deducted from your refund. Please allow 4-6 weeks for processing.

## Conference Location

Official NTI sessions and events will be held at:

Ernest N. Morial Convention Center  
900 Convention Center Drive, New Orleans, LA 70130

Hilton New Orleans Riverside Hotel  
2 Poydras Street, New Orleans, LA 70130.

## Please Note

You should check the opt-out box on the registration form if you do not wish to receive mailings and e-mails from exhibitors.

## ADA and Auxiliary Aids

If you require auxiliary aids in accordance with the ADA, please notify Scootaround Corp. at 888/441-7575 or e-mail [chelley.damato@aacn.org](mailto:chelley.damato@aacn.org).

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Register by mail: American Association of Critical-Care Nurses  
101 Columbia • Aliso Viejo, CA 92656 • Attn: Customer Care

By Fax: 949/362-2020

Online: [www.aacn.org/nti](http://www.aacn.org/nti)

By phone: 800/899-2226 or 949/362-2050 ext. 7100

**Save \$76 when you register by April 1, 2009**

## Registration Information

My AACN Member # \_\_\_\_\_

Name (First/Last) \_\_\_\_\_

Nickname for Badge (if different than above) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (Home/Work/Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

AACN Membership (\$78/yr.–U.S., \$104/yr.–International) ..... \$ \_\_\_\_\_

### Main Conference Fee Price (Member/Nonmember)

Early Bird Main Conference (postmarked on/before 4/01/09) ..... \$420 \$540 \$ \_\_\_\_\_

Main Conference (postmarked after 4/01/09) ..... \$496 \$616 \$ \_\_\_\_\_

Daily Registration (circle days) Mon 5/18 Tue 5/19 Wed 5/20 Thu 5/21 \$210/day \$260/day \$ \_\_\_\_\_

### Preconferences (circle sessions you wish to attend) Price each (Member/Nonmember)

Sat-Sun (2-day) 801/815 806/823 809/834 811/830 812/843 813/833 838/839 \$396 \$520 \$ \_\_\_\_\_

Saturday (1-day) 802 803 804 805 807 816 819 844 847 \$198 \$260 \$ \_\_\_\_\_

Sunday (1-day) 818 824 836 \$198 \$260 \$ \_\_\_\_\_

Saturday (AM) 810 814 \$99 \$130 \$ \_\_\_\_\_

Saturday (PM) 808 821 841 \$99 \$130 \$ \_\_\_\_\_

Sunday (AM) 828 831 832 835 837 840 848 \$99 \$130 \$ \_\_\_\_\_

Sunday (PM) 817 820 822 825 826 827 829 846 \$99 \$130 \$ \_\_\_\_\_

### Additional Options

Certification Celebration Dinner  Regular Entrée —OR—  Vegetarian Entrée \$40 \$ \_\_\_\_\_

Sunrise Sessions (indicate one preference and two alternates; check the NTI Web site for session updates)

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_  Any available session

I am an **ADVANCED PRACTICE NURSE**

I would like to attend the **API Reception**—Advanced Practice Nurses only

Payment (Applications must be accompanied by payment) **Grand Total** \$ \_\_\_\_\_

AACN accepts checks, Visa, MasterCard, Discover and American Express

Card # \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name of Payor \_\_\_\_\_

Address of Payor (if different than participant) \_\_\_\_\_

I **DO NOT** wish to have my e-mail address included on my ExpoCard for NTI Exhibitors to contact me

I **DO NOT** wish to receive mailings from NTI Exhibitors  Please **DO NOT** include my name on lists sold to other organizations