

Attendee Information

The following information will be updated in your AACN account. We may provide some of your information to NTI exhibitors.

My AACN Member # _____

Name (First/Last) _____

Nickname (if different) _____

Credentials _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Primary Phone _____

Primary Email _____

Employer Name _____

Employer Address _____

City _____ State _____ ZIP _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

AACN Membership (\$78/yr.) \$78 \$ _____

I am an advanced practice nurse.

NTI San Diego Main Conference Fee (Monday, May 18 - Wednesday, May 20)

Early-Bird Main Conference (Postmarked, including payment, on/before February 2, 2026)..... \$ _____

Advance Main Conference (Postmarked, including payment, on/before April 6th, 2026)..... \$ _____

Main Conference (Postmarked, including payment, after April 6th, 2026) \$ _____

Daily Registration (Select) Mon 5/18* Tues 5/19* Wed 5/20* \$ _____

**NTI online sessions are not included with daily registrations*

Prices:	
Member	Nonmember
<input type="checkbox"/> \$700	<input type="checkbox"/> \$895
<input type="checkbox"/> \$830	<input type="checkbox"/> \$1025
<input type="checkbox"/> \$895	<input type="checkbox"/> \$1090
<input type="checkbox"/> \$340	<input type="checkbox"/> \$455
<input type="checkbox"/> \$310	<input type="checkbox"/> \$440
<input type="checkbox"/> \$155	<input type="checkbox"/> \$220
<input type="checkbox"/> \$155	<input type="checkbox"/> \$220
<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
FREE	
<input type="checkbox"/> \$100 x _____ tickets	

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Preconferences (Sunday, May 17) (Please select the sessions you wish to attend. Descriptions online)

Sunday (Full Day)PC101 \$ _____

Sunday (A.M.)PC108 \$ _____

Sunday (P.M.)PC109 \$ _____

Sunday (P.M.)PC125 (Chapter Leadership Development Workshop) \$ _____

Chapter Name _____ Chapter Position _____

Nurses' Night Off (Wednesday, May 20. Check online for event details)

NTI Attendee Nurses' Night Off ...Complimentary Ticket (Included with Registration)..... \$ Complimentary

Nurses' Night OffAdditional Ticket for Family or Friends 3 and up \$ _____

2 and younger can attend for free with an adult

Grand Total \$ _____

Payment (Applications must be accompanied by payment in U.S. funds)
AACN accepts checks, Visa, MasterCard, Discover and American Express

Card # _____ CVV# _____ Exp. Date (MM/YY) _____

Signature of Payor _____

Printed Name of Payor _____

Address of Payor (if different than attendee) _____

I DO NOT wish to receive communications from NTI exhibitors

