



NAHN Conference Group Registration Form

Please submit completed forms via email to: Donna Blake-Weems sales@thehispanicnurses.org.

Please Complete one form for EACH attendee – *this is how their name will appear on their name badge:*

Attendee First Name: _____ Attendee Last Name: _____ Credentials: _____

Job Title: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Home Cell: _____

Name of person completing this form: _____ NAHN Member? Please list Chapter please list here: _____

Emergency Contact Full Name: _____ Emergency Contact Phone: _____ Relationship: _____

Do you have any Dietary Restrictions/allergies? Please list: _____

Gala Guest Full Name: _____ Dietary Restrictions/allergies? _____

Group discounts of \$50.00 during any given registration price period will be offered to groups of five (5) or more.

2018 NAHN Annual Conference Pricing						
Deadlines -payment must be received in office by:	Non-licensed Student Member (ID required at registration)	Student Non-Members	General, Affiliate & Emeritus Members	Non-Members	Gala Dinner Ticket w/ Registration*	Additional Gala Dinner Tickets
Prior to Midnight EST, May 26, 2018	\$299	\$349	\$549	\$699	Included	\$150
May 27, 2018 – June 33, 2018	\$329	\$379	\$599	\$749	Included	\$150
June 24, 2018 – On-site	\$379	\$429	\$649	\$799	\$150	\$150

Gala Dinner Tickets: A complementary gala ticket is provided to individuals who have paid registration prior to June 24, 2018 (payment must be received in the office by this date). After the cutoff date beginning June 24, 2018, the gala ticket will cost \$150.00 each. The gala ticket is non-refundable and non-transferable. The participant's name will be printed on the Gala ticket. If you are bringing a guest to the gala, be sure to include the purchase of an additional ticket at the time of registration.

Total Due: \$ _____

Method of Payment

For credit card orders, please print card number, expiration date, and security code on back of card, then sign below:

Check/Money Order \$ _____ payable to NAHN in US funds only. Visa MC AMEx Discover

_____ Exp. ____/____ Security Code _____

Cardholder Name (please print): _____

Signature: _____ Date: _____

I agree to pay above total amount according to card issue agreement.

By registering for this conference I acknowledge that I agree to and accepted the payment and refund policies along with other policies stated within the payment and refund policies as made available online at www.nahnet.org or at the on-site NAHN registration desk.

Thank you! We look forward to seeing you there!