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**Association of Nurses in AIDS Care**

**29th Annual Conference**

***ANAC2016: The Care to Cure Continuum: No One Left Behind***

**November 10-12, 2016 ∙ The Westin Peachtree Plaza, Atlanta, GA**

**Conference Registration Form**

Please complete all information by typing directly in the grey fields. Telephone registrations will not be accepted. Please note that online registration is available at [www.nursesinaidscare.org](file:///C%3A%5CUsers%5Ckimberly%5CAppData%5CLocal%5CTemp%5Cwww.nursesinaidscare.org). You may submit this form via fax if paying by credit card. If paying by check, please print and mail to ANAC at the address listed below.

Full Name:

Address:

City:       State:       Zip:       Country:

Phone:       Email Address:       Fax:

ANAC ID# (If applicable):

**Emergency Contact Information**

Name of person to contact in case of an emergency:

Relationship to you:

Phone number of emergency contact:

**Conference Fees**

|  |  |  |
| --- | --- | --- |
|  | **Full Registration**  | **Amount Enclosed** |
| Active/Affiliate Member | $445 | $       |
| Retired Member | $275 | $       |
| Student Member\*\* | $275 | $       |
| Disabled Member | $275 | $       |
| Nonmember | $545 | $       |
| Daily Rate | $175 | $       |

*\*\*Students must be ANAC members to qualify for this rate. Students must submit proof of full-time student status. Nonmember students are*

 *subject to nonmember rates.*

**Awards Dinner/Ceremony**

Saturday, November 12th, 7:00 – 9:00 pm, $30.00 fee **[ ]** +$30.00

**Guest Registration**

Includes entry to Gala, Exhibit hall, Awards Dinner [ ]  +$200.00

Name of Guest:

**Total amount enclosed/to be charged (payment must be in USD) $\_\_\_\_\_\_\_\_\_\_**

**Method of Payment:** [ ] Check or money order

 [ ] Visa

 [ ] Mastercard

 [ ] Discover

 [ ] American Express

**Credit Card Authorization**

Name on Card:       Card Number:       Expiration Date:       CVV#:

Billing Street Address:       Billing Zip Code:

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address of person to receive receipt for payment:

**Cancellation Policy**: Registration cancellations received by the ANAC office on or before October 1, 2016 will receive a full refund, less a $50 administrative fee. All cancellations request must be made in writing. Cancellations received after October 1, 2016 are nonrefundable.

**Special Requirements**: It is important to us that you enjoy the Conference. If, due to a disability, you have special needs or requirements, please let us know by October 1, 2016 and we will do our best to accommodate you.

**Mail/Fax to:**

ANAC Conference Registration

3538 Ridgewood Road

Akron, OH 44333

Fax – 330-670-0109

**Questions?**

Phone: 330-670-0101 or 1-800-260-6780

Fax: 330-670-0109

E-mail: erin@anacnet.org