

ABNS Spring Conference

Sheraton Atlanta Hotel ~ March 5 - 7, 2020 ~ Atlanta, Georgia

Please submit 1 (one) registration form per each meeting attendee, or signup online.

Name: _____ Credentials: _____
Title: _____ Organization/Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Cell Phone: _____ Work Phone: _____
Email (for confirmation and meeting update emails): _____
Emergency Contact (Name/Phone): _____
Dietary Restrictions: _____

#1: Conference Registration - Required (check only 1)

- Regular or Affiliate Member (first or second attendee): \$450
- Regular or Affiliate Member (additional attendee(s) after 2): \$400
- Auditor (individuals whose organizations are not ABNS members): \$600

#2: Sponsorship Opportunities - Optional

For sponsorship opportunities contact Robert Ranieri, ABNS at 205-795-7127 or email abns@nursingcertification.org. Check all that apply:

- Friday AM Break: \$2,000.00
- Friday PM Break: \$2,000.00
- Saturday AM Break: \$2,000.00
- Friday Breakfast: \$3,000.00
- Saturday Breakfast: \$3,000.00
- Friday Welcome Reception: \$3,750.00
- Friday Lunch: \$4,200.00

#3: Total Amount Due (1 + 2): _____ \$ _____

Method of Payment

Make check payable to ABNS, 3416 Primm Lane, Birmingham, AL 35216 or signup online.

Cancellation Policy

Refunds due to cancellation will be processed as follows:

- Through February 20: 90% of registration fees.
- Beginning February 21: No refund due to cancellation.