



SPRING CONFERENCE
May 4-5, 2018

Registration Information:

AANA #: _____ CRNA Student Other: _____

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Employer or School: _____

Registration Fees

(Registration includes Friday Receptions, Saturday Breakfast & Lunch. (Must have badge!)

	before 4/27	4/28-5/3	Onsite		before 4/27	4/28-5/3	Onsite
AANA/ MANA CRNA	<input type="checkbox"/> \$380	<input type="checkbox"/> \$430	<input type="checkbox"/> \$480	Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Non Member CRNA	<input type="checkbox"/> \$430	<input type="checkbox"/> \$480	<input type="checkbox"/> \$530	Emeritus	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Non Member RN or NP	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240	Guest	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Non Member - All others (MUST register 30 days prior; registration pending approval)	<input type="checkbox"/> \$750	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	Guest Name: _____			

Donation Options:

- Student Scholarship Fund Donation** @ \$_____ (tax deductible). If you choose to support the Student Scholarship Fund, you may wish to have credit card contributions made in one lump sum, or in two, four or 12 equal payments from your credit card during the following year.
- 1 time payment Semi-Annual Payment Quarterly Payment Monthly Payment
- Sponsor Student** Please consider sponsoring a student to attend a MANA meeting **Sponsor Student \$100**

MANA CRNA-PAC DONATION

- \$10 per month** **\$120/year - Bronze** **\$25 per month** **\$300/year - Silver**
- \$50 per month** **\$600/year - Gold** **\$100 per month** **\$1200/year - Champion**
- Other \$_____ per month** **ANNUAL DONATION AMOUNT* \$_____**

Payment Frequency

- One Time* *Semi Annually* *Quarterly* *Monthly*
- Only charge my credit card for one year. If not checked payments will continue indefinitely.
- I do not wish for my donation to be acknowledged in MANA publications.
- I am a first time PAC donor.

Payment Information:

Check Enclosed Visa MasterCard Discover American Express

Total Amount: \$ _____

Credit Card #: _____ - _____ - _____

Exp. Date: _____ CVV Code: (3 digit code on back of card) _____

Name on Card: _____

Billing Address: _____

Billing City/State/Zip: _____

Signature: _____

Registration Policies:

- Register early - registration rates increase April 27 at 5:00 pm!
- Registrations received after April 27 will be charged the higher rate
- Late registration closes May 3 at 3:00 pm
- Cancellations received before 5:00 pm EDT Friday, April 27, 2018 will receive a full refund.
- Refunds will not be issued after April 27, 2018 – sorry, no exceptions.

Register online at
<http://mianaevents.org/>

MANA Tax ID: 23 7417 935