

Name
Last First MI 1st Name to print on Name Tag

Address
Street, Box, etc. City State ZIP

Phone Email County
 Cell Home Work

	YES	NO
A. I will need a ticket for vegetarian meals:	<input type="checkbox"/>	<input type="checkbox"/>
B. I will need a ticket for gluten free meals:	<input type="checkbox"/>	<input type="checkbox"/>
C. First Time Attendee:	<input type="checkbox"/>	<input type="checkbox"/>
D. Current NP student ⌘:	<input type="checkbox"/>	<input type="checkbox"/>
E. <input type="checkbox"/> NCNA gives NPSS attendees and exhibitors names and contact information of all attendees for networking. Place a check in this box if you DO NOT want your contact info added to this list for distribution.	<input type="checkbox"/>	<input type="checkbox"/>

1 FULL NPSS:

- NCNA/SNA Member \$720
- Guest (ANA/NCNA)* \$1030
- Guest (NCNA)** \$950

KEY (for FULL Non-members):

- * This non-member fee includes a 1 year full NP membership in NCNA/ANA.
- ** This non-member fee includes a 1 year NP NCNA-Only membership.

If you DO NOT want to take advantage of the free 1 year membership included in your non-member registration fee, please place a check mark in this box.

2 DAILY:

	Sunday ⌘	Monday	Tuesday	Wednesday
<input type="checkbox"/> NCNA/SNA Member	<input type="checkbox"/> \$185	<input type="checkbox"/> \$359	<input type="checkbox"/> \$329	<input type="checkbox"/> \$200
<input type="checkbox"/> Guest	<input type="checkbox"/> \$278	<input type="checkbox"/> \$539	<input type="checkbox"/> \$494	<input type="checkbox"/> \$300

⌘ NP Students may receive a 10% discount on Sunday participation with proof of enrollment.

3 A \$25 on-site processing fee will be added to all on-site registrations.

Below, enter \$ amounts selected and total.
The total amount will be charged to your credit card after NPSS or will be the payment you pay today.

1 FULL Symposium.....

2 DAILY— Sunday.....

DAILY— Monday.....

DAILY— Tuesday.....

DAILY— Wednesday.....

3 On-site fee.....

Other.....

TOTAL \$

OTHER:

PAYMENT: CHECK

Please make checks payable to the:
North Carolina Nurses Association

Check is: Business Personal #:

PAYMENT: CHARGE

- VISA MasterCard

CARD NUMBER:

EXP DATE: BILLING ZIP CODE:

PRINT NAME AS IT APPEARS ON CARD:

CARDHOLDER'S SIGNATURE: