

REGISTRATION

The full registration fee includes continental breakfasts, coffee breaks, the welcome hospitality, lunch on Saturday and educational classes.

CANCELLATION POLICY

Notification of cancellation must be made in writing to the TANA office, P.O. Box 60128, Nashville, TN 37206. Request for refund must be made two weeks prior to the meeting (October 1, 2009). Refunds will not be honored after that date. An administrative fee of \$25.00 will be charged for all cancellations.

Name _____ Title (example: CRNA) _____

Address _____ City _____ State _____ Zip _____

Hospital/Employer _____ City _____ State _____

AANA# _____ Special Diet (please explain) _____

Phone (_____) _____ Email address _____
(required for registration confirmation)

First name (for name badge) _____

PRE-REGISTRATION (BEFORE OCTOBER 1, 2009)

	AANA Members	Non-Members	
Full Conference (Friday, Saturday, Sunday, does not include ACLS)	\$375.00	\$450.00	\$ _____
Friday Only	\$175.00	\$200.00	\$ _____
Saturday Only	\$175.00	\$200.00	\$ _____
Sunday Only	\$ 90.00	\$125.00	\$ _____
Friday & Saturday	\$350.00	\$400.00	\$ _____
Saturday & Sunday	\$265.00	\$325.00	\$ _____

ACLS/BLS/PALS REFRESHER COURSE, SUNDAY, OCTOBER 18

Pre-registration is required for ACLS/BLS/PALS by **October 1** to receive a study book and anticipate attendance.

Full Registration with ACLS/BLS <u>OR</u> PALS/BLS	\$390.00	\$465.00	\$ _____
Full Registration with ACLS/BLS/PALS	\$495.00	\$570.00	\$ _____
ACLS/BLS <u>OR</u> BLS/PALS only	\$140.00	\$215.00	\$ _____
ACLS/BLS/PALS only	\$245.00	\$320.00	\$ _____

ADDITIONAL FEES

Sign up for the TANA PAC Casino Party! Saturday, October 17—7:00 p.m. PAC members FREE, Non-PAC members \$50.00.
Please reserve _____ tickets. \$ _____

Help Sponsor A Student—any amount is appreciated to sponsor students to the AANA Mid year Assembly, Assembly of School Faculty, or TANA meetings throughout the year. \$ _____

TANA Strategic Reserve Fund Donation (separate check please) \$ _____

Retired Members - FREE. Saturday luncheon is \$25.00.

Please check the days you will attend: _____ Friday _____ Saturday _____ Sunday \$ _____

Anesthesia Technicians

Full Conference, \$50.00 (does not include ACLS/BLS/PALS refresher courses). Saturday luncheon an **additional** \$28.00. \$ _____

Guest Registration

Coffee breaks (lunch not included) \$25.00 _____ Extra Lunch ticket \$28.00 _____ Children under 12 years \$10.00 _____

Guest Name(s): _____ \$ _____

**TO REGISTER AFTER OCTOBER 2, ADD \$25.00 TO ONE DAY REGISTRATION FEE
OR \$50.00 TO THE FULL REGISTRATION FEE.**

Total Registration Fee \$ _____

Credit Card (Visa, Mastercard, American Express) Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

**Make checks payable to TANA, and mail to TN Association of Nurse Anesthetists, P.O. Box 60128, Nashville, TN 37206.
You may also fax this form to (615) 254-1186 or visit our website: www.tncrna.com to register online.**