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|  **Chapter Group Access Form** **Registration Deadline: May 1, 2022**Send completed form to janet.betts@annanurse.org  |
| **contact information** |
|  Chapter:  |       |  |
|  Contact Person: |       |  |
|  Phone: |       | Email:       |  |
|  |  |
| **Choose 1 Option*****All participants must participate with the same option.*** |
|  Sunday, May 22…............................................ (**7.0 CH**)**$ 175** | **$** |
|  Monday, May 22………………………………….. (**7.0 CH**)**$ 175** | **$** |
|  Tuesday, May 22………………………………..... (**7.0 CH**)**$ 175** | **$** |
|  Wednesday, May 23…………………………...…. (**6.5 CH**) **$ 175**  | **$** |
|  Sunday, May 22 & Monday, May 23…....….…. (**13.5 CH**) **$ 300**  | **$** |
|  |  |
|  |  |
| **How many people are registering? Complete the Registration List with each participant name, address and email.** |  **X** |
|  |  |
|  **Total Due:** | **$** |
| **Please note: Group Access registration options may not be combined with any other registration options.** |  |
| **payment Information** |
| [ ]  Check Payable to ANNA | [ ]  Discover |  [ ]  Visa | [ ]  Master Card | [ ]  AMEX |
| Credit Card #: |       |  Expiration Date: |       |  |
| Security Code: |       |  Amount: | $      |  |
| Name of Card Holder: |       |  |
|  |  |  |

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**Group Access Registration List**

 **This form must accompany your Group Access Form**

**Please note: Group Access registration options may not be combined with any other registration options.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Email** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |
| 11. |       |       |       |
| 12. |       |       |       |
| 13. |       |       |       |
| 14. |       |       |       |
| 15. |       |       |       |
| 16. |       |       |       |
| 17. |       |       |       |
| 18. |       |       |       |
| 19. |       |       |       |
| 20. |       |       |       |

**Refund Policy:**

****No refunds to the chapter, but a participant may transfer their registration to another person. Notify Janet Betts at janet.betts@annanurse.org. Include the name of participant who is cancelling and the new participants’ name, address and email.