ANNA Group Access Form

After this form is submitted and payment has been processed, you will be contacted with instructions on how your members and/or employees can access content and / or NCPD contact hour evaluations purchased.

| | CONTACT INF | FORMATION | | |
|--|--|---|---------------------|--------------|
| Contact Person: | Celess Tyrell | | | |
| Facility/ Chapter: | ANNA Chapter 999 - ANNA City | | | |
| Address: | 999 ANNA City Drive | | | |
| City: | ANNA | State: NJ | Zip99999 | |
| Phone: | 856-256-2317 | | - Process | |
| Contact Email | celess@annanurse.org | | | |
| | SESSION S ase allows users the ability to view the Powdownload handouts, and complete the se sessions available by visiting the AN | werPoint slides, listen and/ e NCPD contact hour evalu | ation(s). | • |
| Preconferences and ANNA's Certification Review Course are excluded. Session selection must be 1.75 contact hours or less. | | | | |
| | cusing on Mental Health Across the Lifespa h conference (name/year): 2022 Nephrol ference 2022) | | agement, and L | eadership |
| | Minimum of 5 users - \$2 | finimum of 5 users - \$20 per person 🛛 \$20 | | |
| | | Minimum of 10 users - \$ | 15 per person | <u></u> \$15 |
| USER LICENSES MINIMUM OF \$100/ | 5 USERS | | # Needed: X \$20 | 30 600.00 |
| MINIMUM OF \$150/ | 10 USERS | | X \$15 | |
| | | | Total: | 600.00 |
| NOTE – Regular sessions are available at \$30 for members/ \$40 for nonmembers. The above "bulk" pricing offers 30 – 50% off regular pricing. | | | | |
| ☑ Check Payable Credit Card: Security Code: | to ANNA Discover Visa | ENT Master Card Expiration Date: Amount: | American Express | |
| Signature: Name of Card Hold Credit Card Billing A | | | | |
| Site license | Complete and return this form will be available approximately 10 | _ | _ | ocessed. |

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