

Attendee Information

The following information will be updated in your AACN account. We may provide some of your information to NTI exhibitors.

My AACN Member # _____

Name (First/Last) _____

Nickname (if different) _____

Credentials _____

Home Mailing Address _____

City/State/ZIP _____

Primary Phone _____

Primary Email _____

Employer Name _____

Employer Address _____

City/State/ZIP _____

AACN Membership (\$78/yr.) _____ \$ _____

☐ I am an advanced practice nurse.

NTI Denver Main Conference Fee (Monday, May 20 – Wednesday, May 22)

Price: (Member/Nonmember)

Early-Bird Main Conference (Postmarked, including payment on/before April 15, 2024)..... \$595 \$760 \$ _____

Main Conference (Postmarked, including payment, after April 15, 2024) \$695 \$860 \$ _____

Daily Registration (Select) Mon 5/20 ☐ Tues 5/21 ☐ Wed 5/22 ☐ \$290 \$385 \$ _____

Preconferences (Sunday, May 19) (Please select the sessions you wish to attend. Descriptions online)

Sunday (Full Day) PC101 ☐ PC106 ☐ PC107 ☐ PC110 ☐ \$260 \$350 \$ _____

Sunday (A.M.) PC100 ☐ PC102 ☐ PC104 ☐ PC108 ☐ \$130 \$175 \$ _____

Sunday (P.M.) PC103 ☐ PC105 ☐ PC109 ☐ \$130 \$175 \$ _____

Sunday (P.M.) PC125 .. (Chapter Leadership Development Workshop and Lunch) ☐ \$75 \$75 \$ _____

Chapter Name _____

Nurses' Night Off (Wednesday, May 22. Check online for event details)

NTI Attendee Nurses' Night Off Complimentary Ticket (Included with Registration) FREE \$ Complimentary

Nurses' Night Off Additional Ticket for Family or Friends 18 and up \$50 \$ _____

NTI 2024 T-Shirts

Commemorate AACN's 2024 theme "Rising Together" by purchasing a T-shirt to wear the week of NTI.

..... Shipping free for U.S. orders..... \$27 \$ _____

Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large ☐

Payment (Applications must be accompanied by payment in U.S. funds)

Grand Total

\$ _____

AACN accepts checks, Visa, MasterCard, Discover and American Express

Card # _____ CVV# _____ Exp. Date (MM/YY) _____

Signature of Payor _____

Printed Name of Payor _____

Address of Payor (if different than attendee) _____

☐ I DO NOT wish to receive communications from NTI exhibitors



National Teaching Institute
& Critical Care Exposition
www.aacn.org/nti

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES