



Sixth Annual Sand & Surf Anesthesia Symposium Registration Form

March 7-10, 2019 • Fort Lauderdale Marriott Harbor Beach Resort & Spa • Fort Lauderdale, Florida

(USE ONE FORM PER PERSON) • PLEASE PRINT OR TYPE

Save time, go to www.fana.org to register online!

Name (please print or type): _____ Nickname for Badge: _____

Company/University: _____ Designation/Degree (SRNA, CRNA, PhD): _____

AANA #: _____ APRN/RN (circle one) State License #: _____

Address: _____ City/St/Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

	On/before 1/30/19	After 1/30/19 & On-Site
<input type="checkbox"/> Entire Meeting	\$685	\$785
<input type="checkbox"/> Weekend FL Member.....	\$385	\$485

AANA Non-Member

<input type="checkbox"/> Entire Meeting.....	\$840	\$940
<input type="checkbox"/> Student/Emeritus	\$175	\$175
<input type="checkbox"/> Core Modules - Sunday Only (Included in entire meeting/weekend registration; not included in student registration)	\$75	
<input type="checkbox"/> Additional FANA PAC Contribution	\$ _____	

First time at a FANA Meeting.

For networking purposes, would you like your contact information to appear on the meeting registration list seen by fellow attendees and exhibitors?

- Yes, I'd like to network. No, please keep my information private.
- I have dietary restrictions _____

NOTE: By registering for the FANA Sixth Annual Sand & Surf Anesthesia Symposium, I hereby grant permission to use any and all photographic imagery and video and allow the association to provide my name to the hotel for the purpose of a rooms audit.

If you are not a member we will automatically charge your credit card the non-member rate. By signing this form, you are authorizing us to do so.

- Check enclosed payable to FANA for \$ _____
- Charge to my MasterCard Visa AMEX
in amount of \$ _____

Account #: _____

Exp. Date: _____

CVV: _____

Cardholder's Name: _____

Signature: _____

Credit Card Billing Address: Same as above

Address: _____

City/St/Zip: _____

GRAND TOTAL

(including registration fees + additional items)

= \$ _____

Registration fee must accompany application. The deadline for Early Registration to be received at FANA Headquarters is January 30, 2019. On-site registration fees will apply after this date. A refund less a \$100 processing fee will be given for cancellations received by January 30, 2019, upon written request. A refund less a \$35 processing fee/\$10 processing fee for hourly credits will be given for Student/Emeritus cancellations received by January 30, 2019, upon written request. After January 30, 2019, or for no-shows at the meeting, NO refund will be given.



Florida Association of Nurse Anesthetists

Complete and return this form with payment to:
FLORIDA ASSOCIATION OF NURSE ANESTHETISTS
222 S. Westmonte Drive, Suite 111, Altamonte Springs, FL 32714
407-774-7880
Fax (credit card payments only): 407-774-6440
FANA Tax ID: 59-6140748