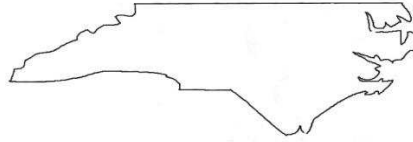


ANNA North Carolina Statewide Symposium 2015

Unique Challenges for the Nephrology Professional

Presented by Greater Charlotte, Cardinal, Blue Ridge, and Tar River Chapters



Hotel Reservations

Embassy Suites has 40 suites blocked for May 12, 2015 at a special rate of \$135.00 (plus applicable tax). Since we expect 150 attendees, early hotel reservations are recommended. This rate is guaranteed until May 1, 2015.

Call 1-800-Embassy. Specify the American Nephrology Nurses Association. Reservations require a credit card or advance deposit to receive the group rate.

Or visit <https://resweb.passkey.com/go/ANN2015>, our Group Code is **ANN**

Direct hotel reservation questions or issues to Brenda Martin

bmartin@wakenephrology.com or 919-876-7807 Ext 299.

Meeting Registration

Registration fees include attendance at the May 12 reception and dinner.

NC ANNA cannot guarantee meals for registrants who sign up after May 7, 2015.

	ANNA /NANT Member			Non Member		
	Both days	5-12	5-13	Both days	5-12	5-13
By 5/1/2015	\$90	\$45	\$70	\$110	\$55	\$80
After 5/1/15	\$100	\$55	\$80	\$120	\$65	\$90

Cancellation Policy

Based on the hotel policy requiring 3-business days notification of final numbers, we cannot offer refunds for cancellations made after May 7, 2015.

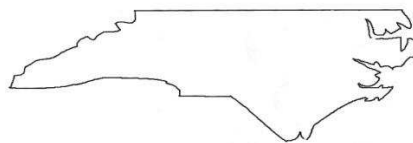
If available prior to the meeting, conference notes will be posted on

www.cardinal.annanurse.org and www.myskc.org

Be sure to bring a sweater since large conference rooms can be cool!

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Unique Challenges for the Nephrology Professional

The Embassy Suites Hotel, Cary NC

Tuesday, May 12, 2015 & Wednesday, May 13, 2015

Registration Form

Name: _____ Job Title: _____

Address _____

City, State, Zip: _____

Phone: _____ Email: _____ (mandatory)

Facility Name: _____

Credentials (RN, LPN, CCHT, RD, MSW) :

ANNA or NANT MEMBER yes or no (circle response)

CNN yes or no, **CDN** yes or no, **PCT certification** yes or no (circle response)

I will attend the reception and dinner** on 5/13 yes or no (circle response)

I will require vegetarian meals – yes or no (circle) Indicate any food allergies: _____

Do you need a return receipt? – yes or no (circle response) **If yes, an email address must be included**

Please return appropriate registration with full payment.

We cannot process registrations without payment

Make checks out to NC State ANNA and **postmark by 5/1/15 for early registration**

Send to: **Lucy Todd**

1854 Hendersonville Road, PMB #177

Asheville, NC 28803

**** Do not forget to include your email address! ****