



34th Annual VASN Fall Conference

November 2 & 3, 2018 - Norfolk, VA

First Name	Last Name	School System/Organization
Street Address		
City	State	Zip
Phone	Email Address	VASN Member Number

PRIVACY POLICY: VASN, Inc. does not collect, track, or sell financial information. An attendee list containing conference registrants' names and schools or organizations will be password accessible by registrants on the conference website. Only those registrants who select "Yes, my information may be released" during the registration process may have their name, organization, work email, and work phone number released to registrants, exhibitors and sponsors. Those registrants who opt out will not be included on the conference contact list and will not receive a copy of this list. Yes, my information may be released No, my information may not be released

SPECIAL NEEDS (dietary or otherwise) Please List: _____

Conference Registration: (Please circle your selection)	Regular Rate On/Before 10/17/18	Regular Rate On/Before 10/17/18	Late Rate After 10/17/18	Late Rate After 10/17/18
	VASN Member	VASN Non-Member	VASN Member	VASN Non-Member
Full Conference	\$160.00	\$200.00	\$195.00	\$225.00
Friday Only	\$125.00	\$160.00	\$125.00	\$165.00
Saturday Only	\$125.00	\$160.00	\$125.00	\$165.00

Please select any additional items you require: (these tickets are INCLUDED in Full Conference and Single Day Registrations)

_____ Add \$25.00 for Friday Lunch GUEST tickets _____ Add \$50.00 for Saturday GUEST Luncheon tickets

Refund/Cancellation/Substitution Policy:

Cancellation requests received on or prior to Friday, October 12, 2018 will result in a full refund, less a \$50 administrative fee. No refunds will be issued after this date. All changes to an existing record, including cancellations, must be submitted in writing to VASN's Registration Manager via email at mwatson@conferencemanagers.com, or via fax at 703-964-1246. Please note that all refunds will be issued in the same format as payment was received. All cancellations will be processed and refunds distributed within 30 days of the close of the conference. Registrants may substitute another person from within the same company and pay any difference in registration type. VASN must be notified in writing of any substitutions or cancellations.

Virginia Association of School Nurses Payment:

Please return this form to 512 Herndon Parkway, Suite D, Herndon VA 20170 or fax it to 703-964-1246. Make all checks payable to VASN and address envelopes to VASN Registration Department. **Forms with credit card information sent via email will not be processed.**

Cash Check Credit Card

Method of Payment	Amount Due	Check Number
Credit Card Number	Expiration	Security Code
Name on Card	Street Address	
City	State	Zip
Signature	Date	

<p>QUESTIONS?</p> <p>Main Contact 703-964-1240 x 102 or mwatson@conferencemanagers.com</p> <p>VASN, Inc. Treasurer nkokulisvasntreasurer@gmail.com</p>	<p>ADMINISTRATIVE USE ONLY</p> <p>Received by:</p> <p>Date Entered:</p>
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