

COVID Waiver and Release of Liability

To ensure the health and safety of all participants, AMSN requires that you acknowledge and accept the risks and requirements associated with participation in the 2021 Annual Convention.

Waiver and Release of Liability

I acknowledge that I am over 18, competent to give my consent, and accept the risks associated with participation in this event, including without limitation, the possibility of contracting COVID-19, which could result in a serious medical condition or other outcome.

I also hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against AMSN or Anthony J. Jannetti, Inc. and their affiliated partners and sponsors, including in each case, without limitation, their owners, directors, trustees, officers, agents, employees, volunteers, or other representatives, and, either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to bodily injury, illness, economic loss or out-of-pocket expenses which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in this event and promise that I shall not sue any of the above parties in pursuit of any remedies thereof. I do so voluntarily, with sufficient understanding of the risks involved, free from any inducement or representation, and as my own free act and deed with full intention to be bound by these terms.

Participant Name (print): _____

Participant Signature (sign): _____ Date: _____

Safety Requirements

When you pick up your registration packet on-site, you will be asked to affirm the following information in writing.

- You do not currently nor within the past fourteen (14) days have any symptoms which the CDC has defined as associated with COVID-19, which include but are not limited to, fever, chills, cough, new loss of taste or smell, and shortness of breath.
- You do not believe that you may have been exposed to a confirmed or suspected case of COVID-19 and have not been diagnosed with COVID-19 without being cleared as non-contagious by state or local public health authorities or the health care team responsible for your treatment.

If your condition changes during the Convention with respect to any of the above, you agree to immediately remove yourself from participation and to contact hotel security, per their policies and procedures.

While in physical attendance at this event, you agree to comply with all rules, regulations, and guidelines designed to prevent the spread of COVID-19 as indicated by any federal, state, or local laws as well as any imposed by the venue, by AMSN, or by any of their representatives or agents.

Academy of Medical-Surgical Nurses Annual Convention Registration Form

September 29 – October 2, 2021 | Orlando, Florida

Signed Waiver and Release of Liability by Event Participant MUST accompany completed registration form.

3 ways to register



Register online at:
convention.amsn.org



FAX credit card payment to:
856-218-0557



Mail completed form with payment to:

AMSN Registration
Box 56
Pitman, NJ 08071-0056

Name: _____ Credentials: _____

Employer Name: _____

Preferred Mailing Address: Work Home

City: _____ State: _____ Zip: _____

Daytime Phone Work Home Cell

(_____) _____

E-mail address: _____

(E-mail address is required so we can send your receipt/confirmation/CE access.)

You must choose registration type. In-Person Virtual

To join AMSN today and pay member fees for this registration, please complete the membership form.

Membership must be valid through October 31, 2021, to qualify for member rates. Current members may renew their AMSN membership with their convention registration. Membership will commence upon current renewal date (AMSN Membership - \$85 annually).

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| <p>1. Including this meeting, how many AMSN conventions have you attended?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+</p> <p>2. Years as med-surg nurse</p> <p><input type="checkbox"/> Less than 2
<input type="checkbox"/> 2-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26 or more</p> <p>3. Primary practice</p> <p><input type="checkbox"/> Inpatient Acute</p> | <p><input type="checkbox"/> Inpatient Critical Care
<input type="checkbox"/> Inpatient Long-Term Care
<input type="checkbox"/> Ambulatory Services
<input type="checkbox"/> School of Nursing
<input type="checkbox"/> Other</p> <p>4. Position</p> <p><input type="checkbox"/> Clinical Nurse
<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Educator/Faculty
<input type="checkbox"/> Researcher
<input type="checkbox"/> Unit Manager/Head Nurse
<input type="checkbox"/> Administrator/Director
<input type="checkbox"/> Student</p> | <p><input type="checkbox"/> Other</p> <p>5. Are you med-surg certified?</p> <p><input type="checkbox"/> Yes CMSRN
<input type="checkbox"/> Yes BC
<input type="checkbox"/> No</p> <p>6. What is your birth month and year?</p> <p>____ / ____</p> <p>7. Disability or dietary needs? Please state (onsite attendees only):</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|--|

Main Convention Registration Packages <small>In-Person OR Virtual Option Available for ALL Packages (pricing same for either option) – MUST indicate IN-PERSON or VIRTUAL option for registration to be processed.</small>	MEMBER	NON-MEMBER
Convention Complete (50 CH)		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$549	<input type="checkbox"/> \$649
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
Onsite, 9/1 and after	<input type="checkbox"/> \$625	<input type="checkbox"/> \$725
Convention Select (30 CH)		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Onsite, 9/1 and after	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
Convention Basic (20 CH)		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
Onsite, 9/1 and after	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Convention Sampler (10 CH)		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Onsite, 9/1 and after	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275
3+ members by mail or fax only (Convention Complete 50 CH)		
Early Bird, Postmarked on or before 6/30	<input type="checkbox"/> \$524	N/A
Regular, Postmarked 7/1 – 8/31	<input type="checkbox"/> \$574	N/A
Onsite, 9/1 and after	<input type="checkbox"/> \$600	N/A
Active Military Flat Rate - Proof of active military status to Subject: AMSN Convention (Fax 856-218-0557 OR Email amsn@amsn.org)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
Student Flat Rate - (CH not included) - Pursuing initial RN license/proof of student status to Subject: AMSN Convention (Fax 856-218-0557 OR Email amsn@amsn.org)	<input type="checkbox"/> \$275	N/A
Guest Registration* (other than attendee) for Opening Ceremony/Reception Only (Guest Name) _____	<input type="checkbox"/> \$60	N/A

PAYMENT OPTIONS

Check enclosed made payable in U.S. funds to: **AMSN**

Charge my:

Name of card holder (please print) _____

Billing address if different from above mailing address _____

Credit Card Number _____ / _____ / _____ / _____

Expiration Date _____ Security Code _____

Signature _____

PAYMENT SUMMARY AMSN Tax ID # 22 3141758

Choose registration type: In-Person Virtual

Convention Complete \$ _____

Convention Select \$ _____

Convention Basic \$ _____

Convention Sampler \$ _____

3+ members by mail or fax only \$ _____

Flat rate for (indicate type) Student Military \$ _____

Guest Fee \$ _____

Membership \$ _____

Total Enclosed \$ _____

Cancellations and Substitutions must be received in writing: Email amsninfo@amsn.org or mail AMSN National Office, Box 56, Pitman, NJ 08071. For cancellations received by August 13, 2021: \$75 administrative fee assessed/balance remitted to original form of payment. No refunds made thereafter. Membership fee is non-refundable/non-transferable. If substitute not AMSN member, additional fees may apply. AMSN reserves the right to cancel programs because of emergencies, labor strikes, acts of God, and insufficient registration or sponsorship.