



Register online at [www.gapna.org](http://www.gapna.org)  
**GAPNA CONFERENCE REGISTRATION FORM**  
 Contemporary Pharmacology and Prescribing in Older Adults  
 March 21-23, 2024

Print Name:		
Organization/Employer Name:		
Mailing Address - Street: <input type="checkbox"/> Home <input type="checkbox"/> Work		
City / State / Zip:		
Nursing License #:		
Daytime Phone: <input type="checkbox"/> Personal <input type="checkbox"/> Business		
E-mail (required): <input type="checkbox"/> Personal <input type="checkbox"/> Business		
<input type="checkbox"/> Yes <input type="checkbox"/> No, I do not wish to have my email address shared with any GAPNA exhibit or networking vendors		
<b>Non-members may register at the Member rate by including membership fee with registration fees.</b>	<b>GAPNA Member</b>	<b>Non-member</b>
<b>In-Person Main Conference Registration Fees</b>		
Postmarked 2/8/24 & before - Early Bird Fee	<input type="checkbox"/> \$319	<input type="checkbox"/> \$429
Postmarked 2/9/24 & after - Regular/Onsite Fee	<input type="checkbox"/> \$399	<input type="checkbox"/> \$509
<b>On Demand Main Conference Registration Fees</b>		
Postmarked 2/8/24 & before - Early Bird Fee	<input type="checkbox"/> \$319	<input type="checkbox"/> \$429
Postmarked 2/9/24 & after - Regular/Onsite Fee	<input type="checkbox"/> \$399	<input type="checkbox"/> \$509
<b>Daily Rate - For In-Person Registration Only</b>		
Daily - <input type="checkbox"/> Friday	<input type="checkbox"/> \$255	<input type="checkbox"/> \$325
Daily - <input type="checkbox"/> Saturday	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205
<b>No Contact Hour Registration Fee</b>	<input type="checkbox"/> \$199	
Membership Fees: <input type="checkbox"/> New <input type="checkbox"/> Renewal		
<input type="checkbox"/> Regular (advanced practice Nurses) <input type="checkbox"/> Associate (other)		<input type="checkbox"/> \$125
<input type="checkbox"/> Student <input type="checkbox"/> Retired		<input type="checkbox"/> \$95
	<b>Foundation donation</b>	<input type="checkbox"/> \$ _____
Please list any dietary or disability needs.		

### 3 Ways to Register

- ▶ 1 Register online at [www.gapna.org](http://www.gapna.org)
- ▶ 2 By fax: 856-218-0557
- ▶ 3 Mail completed form with payment to:  
**GAPNA Registration**  
 East Holly Avenue/Box 56  
 Pitman, NJ 08071-0056

Registration cannot be processed without payment.  
 Purchase Orders cannot be accepted.

All cancellations and transfers must be received in writing. For cancellations postmarked on/by February 22, 2024, we will refund registration cost, less a \$75 administration fee. We are unable to make refunds after February 22, 2024, but will gladly transfer your registration to a colleague if the request is made in writing to GAPNA at the above address.

You will receive your receipt/confirmation information via the email address used to register for this meeting.

To join GAPNA today and pay member fees for this registration, please complete the membership section on this page. Membership must be valid through March 31, 2024, to qualify for member rates. Current may renew their GAPNA membership with their conference registration. Membership will commence upon current expiration.

### PAYMENT OPTIONS

Check enclosed made payable in U.S. funds to: GAPNA

Charge my:

Name of cardholder (please print) \_\_\_\_\_

Billing address if different from above mailing address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

### PAYMENT SUMMARY

Registration .....	\$ _____
Membership application .....	\$ _____
Donate to Foundation .....	\$ _____
<b>Total Enclosed</b> .....	<b>\$ _____</b>