

29th IAACN Annual Scientific Symposium

"Sex, Lies, and Hormones: Applied Endocrinology"

Registration: October 21, 2020 4-8PM

Main Sessions: October 22-24, 2020

IAACN

400 Chisholm Place, Ste. 303

Plano, TX 75075

Office: 972-407-9089

Fax: 972-250-0233

khenry@clinicalnutrition.com

**FILL IN FORM ONLINE
SAVE AS PDF TO COMPUTER
EMAIL AS ATTACHMENT
OR MAIL IN**

Dallas/Plano Marriott at Legacy Town Center

7121 Bishop Road

Plano, TX 75024

IAACN Room Rate: \$199.00

Name/Credential: _____
(desired spelling and credential to appear on name badge)

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

REQUIRED EMAIL: _____

Deadline Dates	<u>7/1</u>	<u>7/2- 9/2</u>	<u>Onsite</u>
IAACN MEMBERS	\$545	\$600	\$675

If you are not a Member you will automatically be charged the non-member rate.

<input type="checkbox"/> NON-MEMBERS	\$795	\$850	\$925
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OFFICE APPROVAL REQUIRED FOR BELOW

<input type="checkbox"/> FULL TIME STUDENT	\$445	\$500	\$575
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<input type="checkbox"/> PGSCN PROGRAM- NEW CCN	\$299	\$349	\$399
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CCNS EXCLUDED BELOW

<input type="checkbox"/> SPOUSE	\$320	\$375	\$450
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<input type="checkbox"/> STAFF	\$370	\$425	\$500
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*Spouse & Staff registration must be paid by attending member/nonmember.

Spouse/Staff Name If Attending: _____

Additional Staff Name If Attending: _____

Spouse/Staff **Required Email:** _____



PLEASE NOTE: In an attempt to conserve paper whenever possible, **We Will Not Be Printing Presentations.** Once your registration has been processed you will be provided a unique conference code to access the presentations online. We encourage you to view all files electronically by downloading and saving the PDFs on your desktop/electronic device in order to have convenient access to them at any time during the conference without having to connect to the internet. If this is not possible, please print and bring the presentations along with you to the conference. Go to www.iaacn.org registration page with unique conference code to access & download presentations.

IAACNGreet & Meet Social Mixer- Friday Night 6-8PM October 23, 2020

(Check if you plan to attend)

CREDIT CARD# _____ Exp. Date _____ CVC Code: _____ Visa/Mastercard/AMX/Discover

CHECK Payable to IAACN# _____ Credit Card Billing Zip Code: _____

TOTAL FEES INCLUDED: \$ _____ TOTAL ATTENDING: _____

**NO REFUNDS AFTER
7/01/2020**

VERIFY RECEIPT WITH THE OFFICE: 972-407-9089